

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) 00016690	2 Total pages filed: 52
3 COMMITTEE NAME Texas Funeral Directors Assn. PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4419 Frontier Trail #108 Austin, TX 78745		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Harvey	MI
	NICKNAME	LAST Hilderbran	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 226 Canyon Creek Lane Kerrville, TX 78028		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 226 Canyon Creek Lane Kerrville, TX 78028		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 226 Canyon Creek Lane Kerrville, TX 78028		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 226 Canyon Creek Lane Kerrville, TX 78028		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	796-7951	
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	THROUGH	Month Day Year
	07/01/2024		12/31/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11/05/2024	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Funeral Directors Assn. PAC	13 Filer ID (Ethics Commission Filers) 00016690
---	---

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	\$ 60.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,597.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 93,139.35
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.

Harvey Hilderbran

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 Texas Funeral Directors Assn. PAC		18 Filer ID 00016690	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,200.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
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 type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	14,597.02
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
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: 1/43 Rpt: 4/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lubbock, TX 79424	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/43 Rpt: 5/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79424	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/43 Rpt: 6/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code DeKalb, TX 75559	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Bates Family Funeral Home
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/43 Rpt: 7/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Winnsboro, TX 75494	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/43 Rpt: 8/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.) 6 Contributor address; City; State; Zip Code Mineola, TX 75773	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.) Contributor address; City; State; Zip Code Mineola, TX 75773	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.) Contributor address; City; State; Zip Code Mineola, TX 75773	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.) Contributor address; City; State; Zip Code Mineola, TX 75773	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/43 Rpt: 9/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Cibolo, TX 78108	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/43 Rpt: 10/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/43 Rpt: 11/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/43 Rpt: 12/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Yoakum, TX 77995	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/43 Rpt: 13/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Buda, TX 78610	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/43 Rpt: 14/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/43 Rpt: 15/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/43 Rpt: 16/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/43 Rpt: 17/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/43 Rpt: 18/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code San Juan, TX 78589		
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Juan, TX 78589		
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Victoria, TX 77903		
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Victoria, TX 77903		
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Victoria, TX 77903		
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/43 Rpt: 19/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Victoria, TX 77903	
8 Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		9 Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Victoria, TX 77903	
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Victoria, TX 77903	
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75234	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75234	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/43 Rpt: 20/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75234	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Park Lawn Corp
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75234	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75234	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75234	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/43 Rpt: 21/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78739		
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Harrell Funeral Home
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78739		
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78739		
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78739		
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78739		
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/43 Rpt: 22/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions) Funeral Sales		9 Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/43 Rpt: 23/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions) Funeral Sales		9 Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/43 Rpt: 24/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75067	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Funeral Supply Sales		9 Employer (See Instructions) In Loving Memory
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) <hr/> Contributor address; City; State; Zip Code Ennis, TX 75120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) <hr/> Contributor address; City; State; Zip Code Ennis, TX 75120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) <hr/> Contributor address; City; State; Zip Code Ennis, TX 75120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/43 Rpt: 25/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Ennis, TX 75120	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Ennis, TX 75120	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Ennis, TX 75120	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/43 Rpt: 26/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Houston, TX 77009	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/43 Rpt: 27/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Ballinger, TX 76821	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/43 Rpt: 28/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Texas City, TX 77592		
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Texas City, TX 77592		
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Texas City, TX 77592		
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Texas City, TX 77592		
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Texas City, TX 77592		
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/43 Rpt: 29/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Texas City, TX 77592	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Quitman, TX 75783	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Quitman, TX 75783	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Quitman, TX 75783	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Quitman, TX 75783	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/43 Rpt: 30/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Quitman, TX 75783	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Quitman, TX 75783	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/43 Rpt: 31/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Hurst, TX 76053	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) North Texas Funeral Homes
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76134	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76134	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/43 Rpt: 32/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76134	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Lucas Funeral Homes
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/43 Rpt: 33/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75216	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/43 Rpt: 34/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/43 Rpt: 35/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Juan, TX 78589	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 76222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 76222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 76222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 76222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/43 Rpt: 36/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 76222	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 76222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/43 Rpt: 37/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75232	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly <hr/> Contributor address; City; State; Zip Code Dallas, TX 75232	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/43 Rpt: 38/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77045	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79107	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/43 Rpt: 39/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Amarillo, TX 79107	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/43 Rpt: 40/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Wolfe City, TX 75496	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wolfe City, TX 75496	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wolfe City, TX 75496	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wolfe City, TX 75496	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wolfe City, TX 75496	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/43 Rpt: 41/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Wolfe City, TX 75496	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/43 Rpt: 42/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Clarendon, TX 79226	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Robertson Funeral Directors
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/43 Rpt: 43/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Sterling City, TX 76951	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/43 Rpt: 44/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Tyler, TX 76703	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/43 Rpt: 45/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Odessa, TX 79761	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Legacy Funeral Group
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/43 Rpt: 46/52
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerman, Gary (Mr.) 6 Contributor address; City; State; Zip Code Irving, TX 75061	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerman, Gary (Mr.) Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerman, Gary (Mr.) Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		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: 1/6 Rpt: 47/52	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
--	--	--

4 Date 12/10/2024	5 Payee name Brandon Creighton Campaign
-----------------------------	---

6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2257 N. Loop 336, Ste 140-366 Conroe, TX 77304
---	--

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 Campaign contribution
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/10/2024	Payee name Bryan Hughes Campaign
--------------------	-------------------------------------

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450 Mineola, TX 75773
--	---

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 Campaign contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/10/2024	Payee name Charles Schwertner Campaign
--------------------	---

Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 2448 Georgetown, TX 78627
--	--

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 Campaign contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

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: 2/6 Rpt: 48/52	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
--	--	--

4 Date 11/30/2024	5 Payee name Don McLaughlin Campaign
-----------------------------	--

6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 1707 Uvalde, TX 78802
---	---

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 Campaign contribution
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/10/2024	Payee name Judith Zaffirini Campaign
--------------------	---

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 627 Laredo, TX 78042
--	--

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 Campaign contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/21/2024	Payee name Richard Raymond Campaign
--------------------	--

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450349 Laredo, TX 78045
--	---

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 Campaign contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

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: 3/6 Rpt: 49/52	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
--	--	--

4 Date 12/10/2024	5 Payee name Ryan Guillen Campaign
-----------------------------	--

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5346 E. US Hwy 83, Bldg A, Ste 5-A Rio Grande City, TX 78582
---	--

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 Campaign contribution
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Strategic Association Management
--------------------	--

Amount (\$) \$195.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Strategic Association Management
--------------------	--

Amount (\$) \$100.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

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: 4/6 Rpt: 50/52	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
--	--	--

4 Date 08/16/2024	5 Payee name Strategic Association Management
-----------------------------	---

6 Amount (\$) \$100.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/18/2024	Payee name Strategic Association Management
--------------------	--

Amount (\$) \$100.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/15/2024	Payee name Strategic Association Management
--------------------	--

Amount (\$) \$195.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

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: 5/6 Rpt: 51/52	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
--	--	--

4 Date 10/17/2024	5 Payee name Strategic Association Management
-----------------------------	---

6 Amount (\$) \$100.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/19/2024	Payee name Strategic Association Management
--------------------	--

Amount (\$) \$100.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/17/2024	Payee name Strategic Association Management
--------------------	--

Amount (\$) \$100.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

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: 6/6 Rpt: 52/52	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
--	--	--

4 Date 08/15/2024	5 Payee name Texas Funeral Directors Association
-----------------------------	--

6 Amount (\$) \$2,905.92 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4419 Frontier Trail, Ste 108 Austin, TX 78745
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Top Golf PAC event
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 07/24/2024	Payee name VAN BIBBER, DEBBIE (Ms.)
--------------------	--

Amount (\$) \$700.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12609 Dessau Rd., Lot 519 Austin, TX 78754
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--