CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00087038 16 Date Received COMMITTEE Texas Early Childcare PAC **ELECTRONICALLY FILED** NAME 01/06/2025 TREASURER Clay Jr., John R. (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) January 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 11/26/2024 12/25/2024 **EXPLANATION OF CORRECTION** I accidentally left of one expenditure and realized it after I pressed file. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. John R. Clay Jr. Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ ______, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087038 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Early Childcare PAC Date Received **ELECTRONICALLY FILED** 01/06/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 West 15th St. Suite 870 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. John R. NAME Date Processed **NICKNAME** LAST **SUFFIX** Reed Date Imaged Clay Jr. CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 401 W. 15th Street Suite 870 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 831-6675 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Early Childcare	e PAC		00087038	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Hickland Hillary State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	25,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,986.69
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that the mation require	accompanying report is ed to be reported by me
		Mr. John	R. Clay Jr.	
		Signature of Ca	mpaign Treas	urer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, t	his 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 off	icer administering oath

FORM MPAC

					Page 4 of 16
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Early Childcare PA	AC .			00087038	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ellen Troxclair		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brian Birdwell		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Royce West		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

FORM MPAC

					Page 5 of 16
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Early Childcare PA	AC .			00087038	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brad Buckley		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angie Chen Chen		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Trent Ashby		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

FORM MPAC ADDENDUM

					Page 6 of 16
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Early Childcare PA	vC			00087038	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angela Paxton		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Daniel Alders		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		James Talarico		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				

FORM MPAC ADDENDUM

					Page 7 of 16
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Early Childcare PA	vC			00087038	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mary Gonzalez		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

8 of 16

		EE NAME rly Childcare PAC	18 Filer ID 00087038	(Eth	nics Commission Filers)
		-		_	
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	25,500.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	plains how to comp	lete this form.	- 1	Total pages Sched	
2 FILER N	AME Early Childcare PAC			- 1	Filer ID (Ethi 00087038	cs Commission Filers)
<u></u>	OF UNITEMIZED PLED	GES		-	\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (II	D#:			9 In-kind description
	7 Pledgor Address;	City; State; Zip Co	de		pledge (\$)	(If applicable)
					Check if travel outsi	i ide of Texas. Complete Schedule T
10 Principal	l occupation / Job title (See Instru	uctions)	11 Employer (See In	structio	ns)	

L	OANS					SCHEDUI	ΕE
Т	he Instructio	n Guide explains how	to complete this f	orm.		ages Schedule E: 11 Rpt: 10/16	
	ILER NAME exas Early Chil	dcare PAC			3 Filer ID 000870	(Ethics Commission	Filers)
4 T	OTAL OF UN	IITEMIZED LOANS				\$	0.00
5 D	ate of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
fii	s lender a nancial nstitution?	8 Lender address; C	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 P	rincipal occupation	on / Job title (See Instructions)	13 Employer (See Instruction	s)	•	
14 D	escription of Coll	ateral		15 Check if personal funds w	ere deposited	d into political account (See Instructions)	
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address; C	City; State;	Zip Code			
20 P	rincipal occupation	on		21 Employer (See Instruction	s)	•	

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)

Credit Card F dyment	The Instruction Guide	le explains how to co	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 1/6 Rpt: 11/16	Texas Early Childcare PAC			00087038	
4 Date	5 Payee name				
12/10/2024	Angela Paxton Campaign				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
\$2,000.00	P. O. Box 2878				
Expenditure from corporate funds	McKinney, TX 75070				
8 PURPOSE OF	(a) Category (See Categories listed at the t		(b) Description		
EXPENDITURE	Contributions/Donations Made Candidate/Officeholder/Politic			el outside of Texas. Comp in, TX, officeholder living	
	Carididate/Officeriolder/Politic	,ai Committee	political dona		САРСПОС
			•		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OI	^H Paxton, Angela	State Ser	nator	State Se	enator
Date	Payee name				
12/10/2024	Angie Chen Button Campaign	ı			
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$500.00	P.O. Box 832748				
. = 30 6					
Expenditure from corporate funds	Richardson, TX 75083				
PURPOSE OF	(a) Category (See Categories listed at the t		(b) Description	* * * * T-van Com	* * • • • • •
EXPENDITURE	Contributions/Donations Made Candidate/Officeholder/Politic		—	el outside of Texas. Comp in, TX, officeholder living	
	Ouridiadio/ Officeriosas//	,	political dona		
Complete ONLY if direct	Candidate/Officeholder name	Office sou	-	Office he	
expenditure to benefit C/OI	H Button, Angie Chen	State Rep	oresentative	State Re	epresentative
Date	Payee name				
12/10/2024	Brad Buckley Campaign				
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$1,500.00	1321 Pershing Drive				
Expenditure from					
corporate funds	Killeen, TX 76549				
PURPOSE	(a) Category (See Categories listed at the t	top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made		<u> </u>	el outside of Texas. Comp	
	Candidate/Officeholder/Politic	al Committee	politcal dona	in, TX, officeholder living ation	expense
			po	tion.	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	 ght	Office he	eld
expenditure to benefit C/OI	^H Buckkley, Brad		oresentative	State R	epresentative

SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expe
Gift/Awards/Memoria
Legal Services

Fees Office Overhead Expense Office Overhead Expense Polling Expense Printing Expense Legal Services Salaries/Wages/Contract Laboration (Contract Laboration

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	All Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 12/16	Texas Early Childcare PAC 00087038
4 Date	5 Payee name
12/10/2024	Brian Birdwell Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 11
Expenditure from corporate funds	Granbury, TX 76048
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	pontical donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	The state of the s
Data	1
Date	Payee name
12/11/2024	Daniel Alders for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 8907
Expenditure from	
corporate funds	Tyler, TX 75711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	political donation
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Office Populative State Populative State Populative
·	Alders, Daniel State Representative State Representative
Date	Payee name
Date 12/04/2024	Payee name Dustin Burrows Campaign
12/04/2024	Dustin Burrows Campaign
12/04/2024 Amount (\$) \$2,000.00	Dustin Burrows Campaign Payee address; City; State; Zip Code
12/04/2024 Amount (\$)	Dustin Burrows Campaign Payee address; City; State; Zip Code
12/04/2024 Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE	Dustin Burrows Campaign Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408
12/04/2024 Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE OF	Dustin Burrows Campaign Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408
12/04/2024 Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE	Dustin Burrows Campaign Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
12/04/2024 Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE OF	Dustin Burrows Campaign Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
12/04/2024 Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Dustin Burrows Campaign Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense political donation
12/04/2024 Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Dustin Burrows Campaign Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held
12/04/2024 Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Dustin Burrows Campaign Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held
12/04/2024 Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Dustin Burrows Campaign Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held

SCHEDULE F1

The strength of the strength o

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 3/6 Rpt: 13/16	Texas Early Childcare PAC 00087038
•	
4 Date	5 Payee name
12/11/2024	Ellen Troxclair for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	701 HWY 281
	Suite H #196
Expenditure from corporate funds	Marble Falls, TX 78654
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/04/2024	Friends of Brandon Creighton
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	2257 N. Loop 336, Suite 140-366
Expenditure from corporate funds	Conroe, TX 77304
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	political donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
12/04/2024	Gary VanDeaver Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 866
Expenditure from corporate funds	New Boston, TX 75570
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	political donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders a cottogon pot listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 14/16	Texas Early Childcare PAC 00087038
4 Date	5 Payee name
12/10/2024	Greg Bonnen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 1183
- "	
Expenditure from corporate funds	Friendswood, TX 77549
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	political dollation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	State Representative State Representative
Date	Payee name
12/11/2024	Hillary Hickland Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box
— Forestitus from	1191
Expenditure from corporate funds	Belton, TX 76513
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/Oi	
Date	Payee name
12/10/2024	Mary Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
Expenditure from corporate funds	Clint, TX 79883
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	political donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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)

	Credit Card F ayment		The Instruction Guide	e explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			(3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/6 Rpt: 15/16		Texas Early Childcare PAC					00087038		
4	Date	5	Payee name							
	12/10/2024		Royce West Campaign Comn	nittee						
6	Amount (\$)	7	Payee address; City;	State; Zip Co	de					
	\$2,000.00		320 South R.L. Thornton Free	eway						
	■ Evpanditura from		Suite 210							
L	Expenditure from corporate funds		Dallas, TX 75203							
8	PURPOSE	(a)	Category (See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made						pplete Schedule T.	
			Candidate/Officeholder/Politic	al Committee		Check if Austin, political donati			g expense	
						pontiour donat				
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	н ,	West, Royce	State Se	-	or		State S	enator	
	Date	Π	Payee name							
12/10/2024			State Representative James Talarico Campaign							
	Amount (\$)	H	Payee address; City;	State; Zip Co	de					
	\$1,000.00		P.O. Box 15207							
	Expenditure from corporate funds		Austin, TX 78761							
	PURPOSE	(a)	Category (See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made			_	utsio	de of Texas. Com	plete Schedule T.	
	LAI LINDITORE		Candidate/Officeholder/Politic	al Committee		Check if Austin,			g expense	
						political donati	IUI			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht			Office h	eld	
	expenditure to benefit C/O	ш	Talarico, James	State Re	-	sentative			Representative	
	Date	Г	Payee name						•	
	12/04/2024		Tan Parker Campaign							
	Amount (\$)	H	Payee address; City;	State; Zip Co	nde					
	\$2,000.00		P.O. Box 271741	State, E.P Ce						
	Expenditure from corporate funds		Flower Mound, TX 75027							
	PURPOSE	(a)	Category (See Categories listed at the t	on of this schedule)	(b)	Description				
	OF EXPENDITURE	<u> </u> `	Contributions/Donations Made		,		utsio	le of Texas. Com	plete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Politic	al Committee		Check if Austin,			g expense	
						political donati	ion			
	Complete ONLY if direct	Ц	Condidate/Officeholder name	Office	abt			Office	old	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name	Office sou	yııı			Office h	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 6/6 Rpt: 16/16	Texas Early Childcare PAC 00087038							
4 Date	5 Payee name							
12/10/2024	Texans for Joan Huffman							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$2,500.00	3733-1 Westheimer #40							
Expenditure from corporate funds	Houston, TX 77027							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.							
-	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							
	political donation							
O Complete CAUV & dist	Condidate/Officeholder name Office accusit							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	H Huffman, Joan State Senator State Senator							
Date	Payee name							
12/11/2024	Texans for Trent Ashby							
Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	P.O. Box 412							
Expenditure from corporate funds	Lufkin, TX 75902							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
EXI ENDITORE	Candidate/Officeholder/Political Committee							
	political donation							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
experialitate to beliefit 6/01	Asby, Trent State Representative State Representative							