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) 00088833 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Compassionate Healthcare PAC Date Received **ELECTRONICALLY FILED** 01/06/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 400 West 15th Street Suite 950 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Logan NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Spence CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 400 West 15th Street STREET **ADDRESS** Suite 950 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 400 West 15th Street MAILING **ADDRESS** Suite 950 Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 479-8888 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

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			1		
2 COMMITTEE NAME			13 Filer I		(Ethics Commission Filers)
Texans for Compassion	ate Healthcare PAC		00088	8833	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Jose Menendez State Sena	ator		
E CONTRIBUTION		DOLUTICAL CONTRIBUTIONS (OTUER TUAN)	1		
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	,	s	10,000,00
	(OTHER THAN PLE	OGES, LOANS, OR GUARANTEES OF LOANS)	ľ	•	10,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	:	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	!	\$	36,015.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	28,017.66
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD		\$	0.00
6 AFFIDAVIT	<u> </u>				
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.			
		Loga	n Spence		
		Signature of C	ampaign T	reasure	er
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me. by the said		this the		day
		which, witness my hand and seal of office.			aa,
Signature of officer adr	ministering oath	Printed name of officer administering oath	Title o	of office	r administering oath

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Compassionate	e Healthcare PAC			00088833	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Judith Zaffirini State Senator		
221007777	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Dade Phelan State Represen	tative	
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted		Terry Wilson State Representa	ative	
	(Identify by name or, if applicable, classify by party.)				

2 COMMITTEE NAME				13 Filor ID	Page 4 of 13
2 COMMITTEE NAME	Llaalthaara DAC			13 Filer ID 00088833	(Ethics Commission Filers)
Texans for Compassionate		1 .		0000000	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Bryan Hughes State Senator		
	applicable, classify by party.)	1			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Charles Schwertner State Sena	ator	
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Elizabeth Campos State Repre	esentative	
	applicable, classify by party.)				

2 COMMITTEE NAME				13 Filer ID	Page 5 of 13 (Ethics Commission Filers)
exans for Compassionate	Healthcare PAC			00088833	(Lunes Commission Filers)
				0000000	_
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Lacey Hull State Representative	2	
	applicable, classify by party.)	1			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Angela Paxton State Senator		
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Stan Kitzman State Representat	tive	
	applicable, classify by party.)				

2 COMMITTEE NAME					13 Filer ID	Page 6 of 13 (Ethics Commission Filers)
exans for Compassionate	Healthcare PAC				00088833	(Lunes Commission Filers)
		T. O			0000000	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
!	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if		David Spiller	State Representa	ative	
	applicable, classify by party.)	<u> </u>				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Dustin Burrows	s State Represer	ntative	
COMMITTEE	Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if		Sam Harless	State Representa	ative	
	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	B. Opposed	Sam Harless	State Representa	ative	_

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			7 of 1	13					
17 COMMIT	TEE NAME	18 Filer ID	(Ethics Commission Filers	;)					
Texans	for Compassionate Healthcare PAC								
19 SCHEDU	19 SCHEDULE SUBTOTALS								
NAME OF SCHEDULE SUBTOTAL AMOUNT									
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,00	00.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)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.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$ 36,01	5.00						
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

	MONETARY POLITICAL CONTRIBUTIONS	SCHE	OULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A Sch: 1/1 Rpt: 8/13	1:
2	FILER NAME Texans for Compassionate Healthcare PAC	3 Filer ID (Ethics Comm 00088833	ission Filers)
4	Date 12/02/2024 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution	\$) \$5,000.00
8	San Francisco , CA 94019 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
	Date 12/11/2024 Full name of contributor out-of-state PAC (ID#: Scott, John Contributor address; City; State; Zip Code) Amount of Contribution	\$5,000.00
	Austin, TX 78736 Principal occupation / Job title (See Instructions) Investor Employer (See Instructions) Four Corners Source		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/5 Rpt: 9/13 Texans for Compassionate Healthcare PAC 00088833 4 Date Payee name 12/13/2024 Burrows, Dustin (The Honorable) 6 Amount (\$) Payee address; City; State; Zip Code \$2,500.00 P.O. Box 2569 Expenditure from Lubbock, TX 79408 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/11/2024 Campos, Elizabeth (The Honorable) Amount (\$) Payee address; City; State; Zip Code \$2,000.00 1028 Rigsby Expenditure from San Antonio, TX 78210 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/12/2024 Harless, Sam (The Honorable) Amount (\$) Payee address: City: State; Zip Code \$2,000.00 15814 Champion Forest Dr PMB #312 Expenditure from corporate funds Spring, TX 77379 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	ion Cuido avale		Vages	/Contract Labor		OTHER (enter a	a category not listed	above)
_					ion Guide expla	uns now to co	ilibie	ete tilis form.	-			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 2/5 Rpt: 10/13		Texans for	Compassic	nate Healtho	are PAC				00088833		
4	Date	5	Payee name	:								
	12/11/2024		Hughes , B		Honorable)							
6	Amount (\$)	7	Payee addre	ess; City;	Si	tate; Zip Co	ode					
	\$5,000.00		P.O. Box 4	•		, ,						
	Ψ0,000.00		1 .O. Box 1.									
Г	Expenditure from											
<u> </u>			Mineola , T	X /5//3								
8	PURPOSE	(a)	Category (S	ee Categories lis	sted at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE				ns Made By			=			nplete Schedule T.	
	,,,,,,,		Candidate/	Officeholde	r/Political Co	mmittee		_		officeholder livin	g expense	
								Campaign Co	onti	noution		
9	Complete ONLY if direct		Candidate/Off	iceholder na	me	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	7										
	Date		Payee name	!								
	12/12/2024		Hull, Lacey	(The Hone	orable)							
	Amount (\$)	\vdash	Payee addre	ess; City;	Si	tate; Zip Co	nde					
	\$2.000.00		P.O. Box 19231									
	Ψ2,000.00		1 .O. DOX 1	3231								
_	T Expenditure from		_									
L	corporate funds		Houston, T	X 77724								
	PURPOSE	(a)	Category (S	see Categories lis	sted at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE				ns Made By			=			nplete Schedule T.	
			Candidate/	Officeholde	r/Political Co	mmittee		—	ustin, TX, officeholder living expense			
								Campaign Co	onti	ribution		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	iceholder na	me	Office sou	ght			Office h	eld	
	experialture to benefit C/Or	1										
	Date		Payee name	!								
	12/13/2024		Kitzman, Si	tan (The Ho	onorable)							
	Amount (\$)	\vdash	Payee addre			tate; Zip Co	nde					
	\$1,000.00		P.O. Box 5		0	iato, zip ot	uc					
	Ψ1,000.00		1 .O. DOX 3.	00								
г	Expenditure from											
L	corporate funds		Pattison, T	X 77466								
	PURPOSE	(a)	Category (S	ee Categories lis	sted at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE				ns Made By			<u></u>			nplete Schedule T.	
	LXI LINDITORL		Candidate/	Officeholde	r/Political Co	mmittee		ш		officeholder livin	g expense	
								Campaign Co	onti	ribution		
	Complete ONLY if direct		Candidate/Off	iceholder na	me	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Η										

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 C Event Expense 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

Candidate/Officeholder/Politica		Services	Salaries/Wa	ges/Contract Labor		OTHER (enter a	category not listed above)
Credit Card Payment	The	Instruction Guide explains	how to com	plete this form.			
1 Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
Sch: 3/5 Rpt: 11/13	Texans for Com	passionate Healthcare	PAC			00088833	
4 Date	5 Payee name						
12/03/2024	Menendez, Jose	e (The Honorable)					
6 Amount (\$)	7 Payee address;	City; State;	; Zip Cod	е			
\$2,500.00	P.O. Box 10083	3					
- "							
Expenditure from corporate funds	San Antonio , T	X 78201					
8 PURPOSE	(a) Category (See Cat	egories listed at the top of this sch	ledule) (b) Description			
OF EXPENDITURE		onations Made By	iouuio,		outsic	de of Texas. Com	plete Schedule T.
EXPENDITORE	Candidate/Office	eholder/Political Comm	nittee	—		officeholder living	gexpense
				Campaign C	ontr	Ibution	
			2.60				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeho	lder name (Office soug	ht		Office he	eld
·							
Date	Payee name						
12/12/2024	Paxton, Angela	(The Honorable)					
Amount (\$)	Payee address;		; Zip Cod	e			
\$2,500.00	5613 S. Woodci	eek Circle					
Expenditure from							
corporate funds	McKinney, TX	'5071					
PURPOSE	(a) Category (See Cat	egories listed at the top of this sch	edule) (b) Description			
OF EXPENDITURE	Contributions/De	onations Made By		<u> </u>			plete Schedule T.
	Candidate/Office	eholder/Political Comm	nittee	Campaign C		officeholder living	g expense
				Campaign	OHL	ibution	
Complete ONLY if direct	Candidate/Officeho	Ider name (Office sough	ht		Office he	-iq
expenditure to benefit C/OI		ador namo	Jilloo oodg			Omoo ne	51G
Date	Davisa nama						
12/04/2024	Payee name	(The Honorable)					
			- 7:- O-d	1-			
Amount (\$)	Payee address; P.O. Box 5990	City; State;	; Zip Cod	е			
\$5,000.00	P.O. Box 5990						
Expenditure from							
corporate funds	Austin, TX 7876	3 					
PURPOSE OF		egories listed at the top of this sch	edule) (b) Description		l T O	whete Oak adula T
EXPENDITURE		onations Made By eholder/Political Comm	nittee			officeholder living	plete Schedule T.
	Carlalaate/Onlo	Shoidein Gillea Comin	IIIICC	Campaign C			, - , -
				-			
Complete ONLY if direct	Candidate/Officeho	lder name C	Office soug	ht		Office he	eld
expenditure to benefit C/OI	ł						

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 12/13	Texans for Compassionate Healthcare PAC 00088833
4 Date	5 Payee name
12/02/2024	PlainsCapital Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	201 W. 5th St
- Evnanditura from	100
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/11/2024	Schwertner , Charles (The Honorable)
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 2448
Expenditure from	
corporate funds	Georgetown, TX 78627
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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/13/2024	Spiller , David (The Honorable)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 447
Expenditure from	
corporate funds	Jacksboro , TX 76458
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF 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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
<u></u>	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebolder/Political Con

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 5/5 Rpt: 13/13	2 FILER NAME Texans for Compassionate Healthcare PAC 3 Filer ID (Ethics Commission Filers) 00088833
4 Date 12/09/2024 6 Amount (\$)	5 Payee name Wilson, Terry (The Honorable) 7 Payee address; City; State; Zip Code
\$2,000.00 Expenditure from corporate funds	660 Parkline Dr Georgetown , TX 78626
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 12/03/2024 Amount (\$)	Payee name Zaffirini, Judith (The Honorable) Payee address; City; State; Zip Code
\$2,500.00 Expenditure from corporate funds	P.O. 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held