FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00068899 3 COMMITTEE NAME **OFFICE USE ONLY** Capital Leadership Fund Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 919 Congress Ave Ste 1255 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jon C. NAME NICKNAME LAST **SUFFIX** Britton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 919 Congress Ave Ste 1255 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 919 Congress Ave Ste 1255 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 480-0006 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 F	Filer ID (Ethics Commission Filers)
Capital Leadership I	und		00068899
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.) A. Supported Mr	. Adam Hinojosa State Senator	
(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.)		
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTI PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC. check here if this report qualifies for the higher	OF LOANS, ÒR ALLY) itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$ 12,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	NDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURE	S	\$ 9,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS M OF THE REPORTING PERIOD	AINTAINED AS OF THE LAST DAY	\$ 6,627.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OF LAST DAY OF THE REPORTING PERIOR		\$ 0.00
16 AFFIDAVIT			
	true a	ar, or affirm, under penalty of perjury nd correct and includes all informati Title 15, Election Code.	
		Mr. Jon C. E	Britton
		Signature of Campa	ign Treasurer
AFFIX NOTA	RY STAMP / SEAL ABOVE		
Sworn to and subscri	oed before me, by the said	, this th	he day
	, 20, to certify which, witness my ha		
Signature of office	administering oath Printed name of office	cer administering oath	Title of officer administering oath

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Capital Leadership Fund	d			00068899	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Angelia Orr State Represe	ntative	
	(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	1. Candidates	A. Supported	Rep. Brad Buckley State Repre	sentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Nep. Blad Buckley State Nepre	sentative	
	(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.)	A. Supported	Mr. Brent Hagenbuch State Ser	nator	
	(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.)				
			1			

FORM GPAC **ADDENDUM**

						Page 4 01 18
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Capital Leadership Fund	d				00068899	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Candy	Nobel State Rep	oresentative	
(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	1. Candidates	A. Supported	Sen Carol	Alvarado State	Senator	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Jen. Caror	Aivarado State	oenatoi	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Carrie	Isaac State Rep	resentative	
(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 GPAC ADDENDUM

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		1 age 0 cl 12
OMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Capital Leadership Fund		00068899
COMMITTEE 1. Car CTIVITY (Identify b	1	
Attach lists on plain aper to complete this eport if necessary.)	B. Opposed	
2. Mea (Describe location o nature of	e and	
	B. Opposed	
3. Offin Ass (Identify bapplicable		
COMMITTEE 1. Car	es A. Supported Mr. Daniel Alders State	Representative
CTIVITY (Identify b applicable		
Attach lists on plain aper to complete this eport if necessary.)	B. Opposed	
2. Mea (Describe location on nature of	e and	
	B. Opposed	
3. Offin Ass (Identify be applicable		
COMMITTEE 1. Car	A. Supported Rep. Dennis Paul State	Representative
Attach lists on plain aper to complete this eport if necessary.)	B. Opposed	
2. Mea (Describe location on nature of	e and	
	B. Opposed	
3. Office Ass (Identify be applicable	or, if	
aper to complete this eport if necessary.) 2. Mea (Describe location on nature of state of the complete this eport if necessary.)	A. Supported and B. Opposed ders	

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Capital Leadership Fund	d			00068899
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ellen Troxclair State Repre	I esentative
	(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	1. Candidates	A. Supported	Rep. Giovanni Capriglione State	e Representative
	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 (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Greg Bonnen State Repre	sentative
	(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.)			

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Capital Leadership Fund	d			00068899	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Kelly Hancock State Sena	tor	
	(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	1. Candidates	A. Supported	Sen. Molly Cook State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Sen. Mony Cook State Senator		
	(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.)	A. Supported	Rep. Salman Bhojani State Rep	presentative	
	(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 GPAC ADDENDUM

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12	COMMITTEE NAME							13 Filer ID	(Ethi	cs Commiss	sion Filers)
	Capital Leadership Fund	d						00068899)		
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Sen. Sarah	Eckhardt	State Sena	I ator			
	(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	1. Candidates	A.	Supported	Rep. Stan (Gerdes S	ate Repres	entative			
	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							
			В.	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.)	A.	Supported	Sen. Tan P	arker Sta	te Senator				
	(Attach lists on plain paper to complete this report if necessary.)		В.	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 - GPAC

FORM GPAC **COVER SHEET PG 3**

					9 0f 18
		EE NAME	18 Filer ID	(Eth	ics Commission Filers)
Ca	pital Le	00068899			
	HEDULI ME OF :		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,500.00
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 LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION 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 (DRGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	9,250.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	X	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	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 10/18	
2	FILER NAME Capital Lead	dership Fund		3	Filer ID (Ethics Commiss 00068899	ion Filers)
4	Date 12/13/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
	Delevired	Austin, TX 78701	O Frankrije (O za krativatija v			
8	Consultant	ipation / Job title (See Instructions)	9 Employer (See Instructions Self	5)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Britton, Chris (Mr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701				
	Principal occu Consultant	ipation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Britton, Chris (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	<u>:)</u>		
	Consultant	pation 7 out the (eee mondone)	Self	-,		

PLE	DGED CONTRIBU	TIONS		SCH	EDULE B
т	he Instruction Guide exp	plains how to comp	olete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 11/18	
2 FILER N	AME Leadership Fund			3 Filer ID (Ethics Commission 00068899	Filers)
4	. OF UNITEMIZED PLED	ES		\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (I	D#:	8 Amount of pledge (\$) In-kind de	scription cable)
	7 Pledgor Address;	City; State; Zip Co	de		
			La	Check if travel outside of Texas. Co	mplete Schedule T
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	structions)	

L	OANS					SCHEDUL	E E
Т	he Instructio	on Guide explains how	to complete this f	orm.	1	ages Schedule E: /1 Rpt: 12/18	
	ILER NAME Capital Leadersl	nip Fund			3 Filer ID 00068	(Ethics Commission I 899	-ilers)
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; (City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 P	rincipal occupation	on / Job title (See Instructions	5)	13 Employer (See Instruction	ns)	•	
14 D	escription of Coll None	ateral		15 Check if personal funds v	ere deposite	d into political account (See Instructions)	
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarantee	ed (\$)
	not applicable	18 Guarantor address; (City; State;	Zip Code			
20 P	rincipal occupation	on		21 Employer (See Instruction	ns)	- L	

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 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/6 Rpt: 13/18	2 FILER NAME3 Filer ID(Ethics Commission Filers)Capital Leadership Fund00068899
4 Date	5 Payee name
12/11/2024	Alders, Daniel (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 8907
Expenditure from corporate funds	Tyler, TX 75711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Alvarado, Carol (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 230842
Expenditure from corporate funds	Houston, TX 77223
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Bonnen, Greg (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1183
Expenditure from	5 in the cont TV 775 to
corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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 Committe 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 14/18	Capital Leadership Fund 00068899
4 Date	5 Payee name
12/06/2024	Buckley, Brad (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1321 Pershing Drive
Expenditure from corporate funds	Killeen, TX 76549
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Capriglione, Giovanni (Rep.)
Amount (\$)	
\$500.00	PO Box 92007
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	I
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
	Campaigh contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/12/2024	Cook, Molly (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	I ma
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
	Campaign contribution
	Outhpaigh contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
OTHER (order a category pet listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orodic odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 15/18	Capital Leadership Fund 00068899
4 Date	5 Payee name
12/06/2024	Cunningham, Charles (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 14352
Expenditure from corporate funds	Humble , TX 77347
8 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
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/12/2024	Eckhardt, Sarah (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 301586
Expenditure from corporate funds	Austin, TX 78703
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Tayan Complete Schedule T
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/11/2024	Gerdes, Stan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1060
Expenditure from corporate funds	Smithville, TX 78957
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
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1. Total names Calculula E1	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 4/6 Rpt: 16/18	Capital Leadership Fund 00068899
4 Date	5 Payee name
12/04/2024	Hagenbuch, Brent (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	2800 Shoreline Dr.
	#310
Expenditure from	
corporate funds	Denton, TX 76210
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Sampaigh continuation
O Complete ONLY if allow	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
12/04/2024	Hancock, Kelly (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 821349
Expenditure from corporate funds	North Richland Hills, TX 76182
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
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/05/2024	Hinojosa, Adam (Mr.)
	, , ,
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 18301
Expenditure from	
corporate funds	Corpus Christi, TX 78480
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENINE UPF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 17/18	Capital Leadership Fund 00068899
4 Date	5 Payee name
12/12/2024	Isaac, Carrie (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	100 Commons Road
— Foresedit ve from	#7 -12 5
Expenditure from corporate funds	Dripping Springs, TX 78620
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2024	Noble, Candy (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	1105 E Main Street
	#223
Expenditure from corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/06/2024	Orr, Angelia (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 113
Expenditure from corporate funds	Itasca, TX 76055
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 6/6 Rpt: 18/18	Capital Leadership Fund 00068899	
4 Date	5 Payee name	
12/04/2024	Parker, Tan (Sen.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 271741	
φοσο.σσ	1 0 000 2717 12	
Expenditure from corporate funds	Flower Mound, TX 75027	
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	
	Campaign contribution	
• • • • • • • • • • • • • • • • • • • •		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/10/2024	Paul, Dennis (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	626 Barringer Ln.	
Expenditure from		
corporate funds	Webster, TX 77598	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
_/	Candidate/Officeholder/Political Committee	
	Campaign contribution	
2 1 2 2 1 1 2 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/12/2024	Troxclair, Ellen (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	701 Hwy. 281	
	Suite H #196	
Expenditure from corporate funds	Marble Falls, TX 78654	
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	
	Campaign contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
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