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) 00083099 3 COMMITTEE NAME **OFFICE USE ONLY** Gainwell Holding Corp. Political Action Committee Date Received **ELECTRONICALLY FILED** 01/06/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5615 High Point Drive Date Hand-delivered or Date Postmarked Change of Address Irving, TX 75038 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Vineet NAME NICKNAME LAST **SUFFIX** Gupta STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5615 High Point Drive STREET **ADDRESS** (Residence or Business) Irving, TX 75038 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5615 High Point Drive MAILING **ADDRESS** Irving, TX 75038 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (732) 556-7248 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 Day Month Day Year Month **COVERED THROUGH** 07/01/2024 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 Filer ID	(Ethics Commission Filers)
Gainwell Holding Corp	o. Political Action Commi	ittee	00083099	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Angelia Orr State Representat	ive	
(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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS COGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,592.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	41,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	26,711.86
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Vineet	t Gupta	
		Signature of Car	npaign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, tr	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	er administering oath

FORM GPAC ADDENDUM

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						Fage 3 01 34
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Gainwell Holding Corp.	Political Action Com	mittee		00083099	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Bryan Hughes 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.)		Charles Perry 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.)		Garry Gates State Representati	ive	
	(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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COMMITTEE NAME Gainwell Holding Corp. COMMITTEE	Political Action Com	mittee		13 Filer ID (Ethics Commission Filer 00083099	rs)
	Political Action Com	mittee		0000000	
COMMITTEE				00063099	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen State Representa	ttive	
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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman 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.)		Juan Hinojosa 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 Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain location of election and nature of issue.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain larger to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of lection and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of lection and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported B. Opposed B. Opposed 3. Opposed 4. Supported Juan Hinojosa State Senator (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed	2. Measures (Discribe by data and brains of issue) 3. Officeholders Assisted (Bernity by same or, if apprichable, classify by party) A. Supported Dominitre Characteristics on plain appet to complete this epont if necessary.) 2. Measures (Describe by data and brains of electron and nature of issue) 2. Measures (Describe by data and brains of electron and nature of issue) 3. Officeholders Assisted (Bernity by same or, if appricable, classify by party) B. Opposed 3. Officeholders Assisted (Bernity by same or, if appricable, classify by party) B. Opposed 3. Officeholders Assisted (Bernity by same or, if appricable, classify by party) B. Opposed 3. Officeholders Assisted (Bernity by same or, if appricable, classify by party) B. Opposed 3. Opposed 3. Officeholders Assisted (Bernity by same or, if appricable, classify by party) B. Opposed 3. Opposed 4. Supported Juan Hinojosa State Senator Describe by data and brains of electron and nature of issue) B. Opposed 3. Opposed 3. Officeholders Assisted Describe by data and brains of electron and nature of issue) B. Opposed

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Gainwell Holding Corp.	Political Action Com	mittee		00083099	
	COMMITTEE	1. Candidates		Lacey Hull State Representative	<u> </u>	
	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	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
applicable, classify by party.) COMMITTEE 1. Candidates A. Supported Elizabeth Campos State Representa						
		(Identify by name or, if		Enzabeth Campos State Repres	entative	
		applicable, classify by party.)				
	(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 applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lois Kolkhorst State Senator		
	(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 applicable, classify by party.)				

FORM GPAC ADDENDUM

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COMMITTEE NAME				
COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Gainwell Holding Corp.	Political Action Com	mittee		00083099
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Matt Shaheen State Representa	ative
(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.)		Richard Raymond State Repres	entative
(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.)		Toni Rose State Representative	
(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 (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.)	Committee

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					7 of 34
		EE NAME Holding Corp. Political Action Committee	18 Filer ID 00083099	(Ethic	s Commission Filers)
19 SC	HEDULI	E SUBTOTALS SCHEDULE		5	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,592.24
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
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 O	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	41,000.00
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.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	3,503.87

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	A1
	The Instru	ction Guide explains how to co	mplete this form	m.	1	Total pages Schedule A1: Sch: 1/20 Rpt: 8/34	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee	9		3	Filer ID (Ethics Commission 00083099	ı Filers)
4	Date 07/15/2024	Finley, James	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$92.31
8	Principal occu Sr Regional			Employer (See Instructions Gainwell Technologies	;)		
	Date 07/31/2024	Finley, James Contributor address; City; State; Zip	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$92.31
	Marietta, GA 30062-1471 Principal occupation / Job title (See Instructions) Sr Regional Director			Employer (See Instructions Gainwell Technologies	5)		
	Date 08/15/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$92.31
	Principal occu	Marietta, GA 30062-1471 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Sr Regional			Gainwell Technologies			
Date 08/30/2024		Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$92.31
	Principal occu Sr Regional	pation / Job title (See Instructions) Director		Employer (See Instructions Gainwell Technologies	5)		
	Date 09/13/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$92.31
	Principal occu Sr Regional	pation / Job title (See Instructions) Director		Employer (See Instructions Gainwell Technologies	()		

	MONEI	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 2/20 Rpt: 9/34	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	ı Filers)
4	Date 09/30/2024	5 Full name of contributor out-of-stat	e PAC (ID#:)	7	Amount of Contribution (\$)	\$92.31
8	Principal occu Sr Regional			Employer (See Instructions Gainwell Technologies	5)		
	Date 10/15/2024	Full name of contributor out-of-stat Finley, James Contributor address; City; State; Zip Code Marietta, GA 30062-1471	e PAC (ID#:)		Amount of Contribution (\$)	\$92.31
	Principal occupation / Job title (See Instructions) Sr Regional Director			Employer (See Instructions Gainwell Technologies	<u> </u>		
	Date 10/31/2024	Full name of contributor out-of-state Finley, James Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$92.31
	Dringinal occu	Marietta, GA 30062-1471 pation / Job title (See Instructions)		Employer (See Instructions			
	Sr Regional			Gainwell Technologies	')		
Date 11/15/2024		Full name of contributor out-of-state Finley, James Contributor address; City; State; Zip Code Marietta, GA 30062-1471	e PAC (ID#:			Amount of Contribution (\$)	\$92.31
	Principal occu Sr Regional	pation / Job title (See Instructions) Director		Employer (See Instructions Gainwell Technologies	()		
	Date 11/29/2024	Full name of contributor out-of-state out-of	e PAC (ID#:			Amount of Contribution (\$)	\$92.31
	Principal occu Sr Regional	pation / Job title (See Instructions) Director		Employer (See Instructions Gainwell Technologies)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULI	A1
	The Instru	ction Guide explains how to	complete this forr	m.	1	Total pages Schedule A1: Sch: 3/20 Rpt: 10/34	
2	FILER NAME	ding Corp. Political Action Commi	ttoo		3	Filer ID (Ethics Commission 00083099	Filers)
_					_		
4	Date 12/13/2024	 5 Full name of contributor	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$92.31
		Marietta, GA 30062-1471					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Sr Regional	Director		Gainwell Technologies			
	Date 12/31/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$92.31
		Marietta, GA 30062-1471					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sr Regional Director			Gainwell Technologies			
	Date 07/15/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$38.47
		Elkhorn, WI 53121-2871					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Risk Ma	nagement		Gainwell Technologies			
	Date 07/31/2024	Full name of contributor Given the Kinson, Henri Contributor address; City; State; 2 Elkhorn, WI 53121-2871	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.47
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Risk Ma	nagement		Gainwell Technologies			
	Date 08/15/2024	Full name of contributor Grant Contributor address; City; State; Zielkhorn, WI 53121-2871	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$38.47
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Risk Ma			Gainwell Technologies			
			<u> </u>				

	MONEI	ARY POLITICAL CO	DNIRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 4/20 Rpt: 11/34	
2	FILER NAME	lding Corp. Political Action Comr	nittee		3	Filer ID (Ethics Commission 00083099	r Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/30/2024	Kinson, Henri				(+)	\$38.47
		6 Contributor address; City; State	e; Zip Code				
		Elkhorn, WI 53121-2871					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	VP, Risk Ma	nagement		Gainwell Technologies			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/13/2024	Kinson, Henri					\$38.47
		Contributor address; City; State					
		Ell/horn W/I 52121 2071					
	Principal occu	Elkhorn, WI 53121-2871 pation / Job title (See Instructions)		Employer (See Instructions) 		
	VP, Risk Management			Gainwell Technologies	,		
	Date	Full name of contributor	1 out of ctoto DAC (ID#:	,		Amount of Contribution (\$)	
	09/30/2024	Kinson, Henri	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$38.47
	03/00/2024	Contributor address; City; State	 a: 7in Code				φου1
		Continuator address, City, State	5, 21p Code				
		Elkhorn, WI 53121-2871					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Risk Ma	nagement		Gainwell Technologies			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/15/2024	Kinson, Henri					\$38.47
		Contributor address; City; State	e; Zip Code				
		Elkhorn, WI 53121-2871					
	VP, Risk Ma	pation / Job title (See Instructions)		Employer (See Instructions Gainwell Technologies)		
				Gainweil Technologies			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	***
	10/31/2024	Kinson, Henri					\$38.47
		Contributor address; City; State	e; Zip Code				
		Elkhorn, WI 53121-2871					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP, Risk Ma			Gainwell Technologies	,		
	,	<u> </u>					

	MONEI	ARY POLITICAL CONT	RIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to con	nplete this for	n.	1	Total pages Schedule A1: Sch: 5/20 Rpt: 12/34	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ding Corp. Political Action Committee				00083099	
4	Date 11/15/2024	 5 Full name of contributor out-of	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$38.47
		Elkhorn, WI 53121-2871					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	VP, Risk Ma	nagement		Gainwell Technologies			
	Date 11/29/2024	Full name of contributor out-of Kinson, Henri Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$38.47
		Elkhorn, WI 53121-2871					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Risk Management			Gainwell Technologies			
	Date 12/13/2024	Full name of contributor out-of Kinson, Henri Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$38.47
		Elkhorn, WI 53121-2871					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Risk Ma	nagement		Gainwell Technologies			
Date F 12/31/2024 K		Full name of contributor out-of Kinson, Henri Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$38.47
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Risk Ma	nagement		Gainwell Technologies			
	Date 07/15/2024	Full name of contributor out-of Lopiccolo, Ann Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sr. Manager			Gainwell Technologies			
			,				

	MONEI	ARY POLITICAL CONTRIBUT	HOI	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	is fo	rm.	1	Total pages Schedule A1: Sch: 6/20 Rpt: 13/34	
2	FILER NAME	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 07/31/2024	Full name of contributor			7	Amount of Contribution (\$)	\$50.00
		Scottsdale, AZ 85260-7284					
8	Sr. Manager	pation / Job title (See Instructions) , Operations	9	Employer (See Instructions Gainwell Technologies	S)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (I Lopiccolo, Ann Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$50.00
	Dringing agg	Scottsdale, AZ 85260-7284 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	Sr. Manager, Operations			Gainwell Technologies	·)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (I Lopiccolo, Ann Contributor address; City; State; Zip Code	ID#:		•	Amount of Contribution (\$)	\$50.00
		Scottsdale, AZ 85260-7284					
		pation / Job title (See Instructions) , Operations		Employer (See Instructions Gainwell Technologies	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (I Lopiccolo, Ann Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	ID#:			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) , Operations		Employer (See Instructions Gainwell Technologies	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (I Lopiccolo, Ann Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) , Operations		Employer (See Instructions Gainwell Technologies	5)		
	Ji. Manayer	, Ορεταιίστο		Sanwell recillologies			

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	s fo	rm.	1	Total pages Schedule A1: Sch: 7/20 Rpt: 14/34	
2	FILER NAME Gainwell Ho	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	n Filers)
4	Date 10/15/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
		Scottsdale, AZ 85260-7284					
8	Sr. Manager			Employer (See Instructions Gainwell Technologies	5) 		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID Lopiccolo, Ann Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Scottsdale, AZ 85260-7284 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	Sr. Manager			Gainwell Technologies	"		
	Date 11/15/2024	Full name of contributor out-of-state PAC (IE Lopiccolo, Ann Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		Scottsdale, AZ 85260-7284					
		pation / Job title (See Instructions) , Operations		Employer (See Instructions Gainwell Technologies	s)		
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID Lopiccolo, Ann Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284	D#:		-	Amount of Contribution (\$)	\$50.00
	Principal occu Sr. Manager	pation / Job title (See Instructions)		Employer (See Instructions Gainwell Technologies	<u>l</u> S)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID Lopiccolo, Ann Contributor address; City; State; Zip Code Scottsdale, AZ 85260-7284			-	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) , Operations		Employer (See Instructions Gainwell Technologies	s)		

	MONEI	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/20 Rpt: 15/34	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee		3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 12/31/2024	5 Full name of contributor out-of-state PAC (ID#:_ Lopiccolo, Ann 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Sr. Manager	Scottsdale, AZ 85260-7284 pation / Job title (See Instructions) , Operations	9 Employer (See Instructions Gainwell Technologies	 ;)		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:_ Marlow, Eric Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.62
	•	Las Vegas, NV 89108-5908 pation / Job title (See Instructions) ust & Analytics	Employer (See Instructions Gainwell Technologies	<u> </u> 5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_ Marlow, Eric Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.62
		Las Vegas, NV 89108-5908 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:_ Marlow, Eric Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	Gainwell Technologies		Amount of Contribution (\$)	\$4.62
	•	pation / Job title (See Instructions) ust & Analytics	Employer (See Instructions Gainwell Technologies	<u>.</u> s)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_Marlow, Eric Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908			Amount of Contribution (\$)	\$4.62
		pation / Job title (See Instructions) ust & Analytics	Employer (See Instructions Gainwell Technologies	s)		

	MONEI	ARY POLITICAL CONTRIBUTION	J r	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 9/20 Rpt: 16/34	
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee			3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 09/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$4.62
		Las Vegas, NV 89108-5908	T_		Ĺ		
8	Mgr,Data Cu	pation / Job title (See Instructions) ust & Analytics	9	Employer (See Instructions Gainwell Technologies	i)	(0)	
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#: Marlow, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.62
	Principal occu	Las Vegas, NV 89108-5908 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u>		
	•	ist & Analytics		Gainwell Technologies	,		
	Date 10/15/2024	Full name of contributor)		Amount of Contribution (\$)	\$4.62
		Las Vegas, NV 89108-5908					
		pation / Job title (See Instructions) ıst & Analytics		Employer (See Instructions Gainwell Technologies	5)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#: Marlow, Eric Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908)		Amount of Contribution (\$)	\$4.62
	•	pation / Job title (See Instructions) ıst & Analytics		Employer (See Instructions Gainwell Technologies	5)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#: Marlow, Eric Contributor address; City; State; Zip Code Las Vegas, NV 89108-5908	:			Amount of Contribution (\$)	\$4.62
		pation / Job title (See Instructions) ust & Analytics		Employer (See Instructions Gainwell Technologies	5)		

	MONEI	ARY POLITICAL CO	DNIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 10/20 Rpt: 17/34	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Gainwell Hol	ding Corp. Political Action Comr	nittee			00083099	
4	Date 11/29/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.62
8	Principal occu	Las Vegas, NV 89108-5908 pation / Job title (See Instructions)	9	Employer (See Instructions)		
		ist & Analytics		Gainwell Technologies	•		
	Date 12/13/2024	Full name of contributor Marlow, Eric Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$4.62
		Las Vegas, NV 89108-5908					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Mgr,Data Cu	st & Analytics		Gainwell Technologies			
	Date 12/31/2024	Full name of contributor Marlow, Eric Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$4.62
		Las Vegas, NV 89108-5908					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Mgr,Data Cu	st & Analytics		Gainwell Technologies			
	Date 07/15/2024	Full name of contributor Montemarano, Robert Contributor address; City; State Edison, NJ 08820-2623	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$5.42
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Developer/A	nalyst II		Gainwell Technologies			
	Date 07/31/2024	Full name of contributor Montemarano, Robert Contributor address; City; State Edison, NJ 08820-2623	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$5.42
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Developer/A	nalyst II		Gainwell Technologies			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 11/20 Rpt: 18/34	
2	FILER NAME Gainwell Hol	ding Corp. Political Action Com	nittee		3	Filer ID (Ethics Commission 00083099	Filers)
4	Date 08/15/2024	5 Full name of contributor Montemarano, Robert6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$5.42
_	Deinsinal assu	Edison, NJ 08820-2623	lo.	Franksian (Caa Instructions	<u></u>		
8	Developer/A	pation / Job title (See Instructions) nalyst II	9	Employer (See Instructions Gainwell Technologies	5)		
	Date 08/30/2024	Full name of contributor Montemarano, Robert Contributor address; City; State				Amount of Contribution (\$)	\$5.42
	Principal occu	Edison, NJ 08820-2623 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Developer/A			Gainwell Technologies	,		
	Date 09/13/2024	Full name of contributor Montemarano, Robert Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
	Principal occu Developer/A	pation / Job title (See Instructions) nalyst II		Employer (See Instructions Gainwell Technologies	5)		
	Date 09/30/2024	Full name of contributor Montemarano, Robert Contributor address; City; State Edison, NJ 08820-2623	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.42
	Principal occu Developer/A	pation / Job title (See Instructions) nalyst II		Employer (See Instructions Gainwell Technologies	5)		
	Date 10/15/2024	Full name of contributor Montemarano, Robert Contributor address; City; State Edison, NJ 08820-2623	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$5.42
	Principal occu Developer/A	pation / Job title (See Instructions)		Employer (See Instructions Gainwell Technologies	5)		
	20volopel/A	······································		Carmon reciniologies			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/20 Rpt: 19/34	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Gainwell Hol	ding Corp. Political Action Co	mmittee			00083099	
4	Date 10/31/2024	 5 Full name of contributor Montemarano, Robert 6 Contributor address; City; St 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Developer/A	nalyst II		Gainwell Technologies			
	Date 11/15/2024	Full name of contributor Montemarano, Robert Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Developer/A	nalyst II		Gainwell Technologies			
	Date 11/29/2024	Full name of contributor Montemarano, Robert Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.42
		Edison, NJ 08820-2623					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Developer/A	nalyst II		Gainwell Technologies			
	Date 12/13/2024	Full name of contributor Montemarano, Robert Contributor address; City; St Edison, NJ 08820-2623	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.42
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Developer/A	nalyst II		Gainwell Technologies			
	Date 12/31/2024	Full name of contributor Montemarano, Robert Contributor address; City; St Edison, NJ 08820-2623	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5.42
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Developer/A	nalyst II		Gainwell Technologies			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 13/20 Rpt: 20/34	
2	FILER NAME	Idiaa Oosa Delikiaal Askiaa Oosa			3	`	Filers)
_		ding Corp. Political Action Con			L	00083099	
4	Date 07/15/2024	5 Full name of contributor Piniones, Leanne6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$0.20
_		Las Vegas, NV 89178-352					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Supervisor, (Clinical Claim Rev		Gainwell Technologies			
	Date 07/31/2024	Full name of contributor Piniones, Leanne Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$0.20
		Las Vegas, NV 89178-352	4				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Supervisor, (Clinical Claim Rev		Gainwell Technologies			
	Date 08/15/2024	Full name of contributor Piniones, Leanne Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$0.20
		Las Vegas, NV 89178-352	4				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		Clinical Claim Rev		Gainwell Technologies			
	Date 08/30/2024	Full name of contributor Piniones, Leanne Contributor address; City; Sta				Amount of Contribution (\$)	\$0.20
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Supervisor, (Clinical Claim Rev		Gainwell Technologies			
	Date 09/13/2024	Full name of contributor Piniones, Leanne Contributor address; City; Sta Las Vegas, NV 89178-352)		Amount of Contribution (\$)	\$0.20
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Supervisor, (Clinical Claim Rev		Gainwell Technologies			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 14/20 Rpt: 21/34	
2	FILER NAME				3	•	Filers)
		lding Corp. Political Action Con				00083099	
4	Date 09/30/2024	5 Full name of contributor [Piniones, Leanne 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$0.20
		Las Vegas, NV 89178-352	4				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Supervisor, 0	Clinical Claim Rev		Gainwell Technologies			
	Date 10/15/2024	Full name of contributor [Piniones, Leanne Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$0.20
		Las Vegas, NV 89178-352	4				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Supervisor, 0	Clinical Claim Rev		Gainwell Technologies			
	Date 10/31/2024	Full name of contributor Piniones, Leanne Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$0.20
		Las Vegas, NV 89178-352	4				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Supervisor, 0	Clinical Claim Rev		Gainwell Technologies			
	Date 11/15/2024	Full name of contributor Piniones, Leanne Contributor address; City; Sta Las Vegas, NV 89178-352	·			Amount of Contribution (\$)	\$0.20
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Supervisor, (Clinical Claim Rev		Gainwell Technologies			
	Date 11/29/2024	Full name of contributor Piniones, Leanne Contributor address; City; Sta	•)		Amount of Contribution (\$)	\$0.20
		Las Vegas, NV 89178-352	4				
		pation / Job title (See Instructions) Clinical Claim Rev		Employer (See Instructions Gainwell Technologies)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 15/20 Rpt: 22/34	
2	FILER NAME				3	•	Filers)
	Gainwell Hol	ding Corp. Political Action Cor	nmittee		L	00083099	
4	Date 12/13/2024	5 Full name of contributor Piniones, Leanne	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$0.20
		6 Contributor address; City; Sta	ate; Zip Code				
		Las Vegas, NV 89178-352	24				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Supervisor, 0	Clinical Claim Rev		Gainwell Technologies			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/31/2024	Piniones, Leanne					\$0.20
		Contributor address; City; Sta	ate; Zip Code				
		Las Vegas, NV 89178-352	24				
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Supervisor, (Clinical Claim Rev		Gainwell Technologies			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/15/2024	Thomas Jeffries, Susan					\$10.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Golden, CO 80403-1162					
		pation / Job title (See Instructions))	Employer (See Instructions	s)		
	VP, Governn	nent Contracts		Gainwell Technologies			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/31/2024	Thomas Jeffries, Susan					\$10.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Golden, CO 80403-1162					
	•	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	VP, Governn	nent Contracts		Gainwell Technologies			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Thomas Jeffries, Susan					\$10.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Golden, CO 80403-1162					
		pation / Job title (See Instructions))	Employer (See Instructions	6)		
	VP, Governn	nent Contracts		Gainwell Technologies			
_							

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/20 Rpt: 23/34	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
		ding Corp. Political Action Co	mmittee —			00083099	
4	Date 08/30/2024	5 Full name of contributor Thomas Jeffries, Susan6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Golden, CO 80403-1162					
8	Principal occu	pation / Job title (See Instructions) [9	Employer (See Instructions	5)		
	VP, Governn	nent Contracts		Gainwell Technologies			
	Date 09/13/2024	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Golden, CO 80403-1162					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP, Governn	ment Contracts		Gainwell Technologies			
	Date 09/30/2024	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Golden, CO 80403-1162					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u> 5)		
	VP, Governn	nent Contracts		Gainwell Technologies			
	Date 10/15/2024	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St Golden, CO 80403-1162	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP, Governn	ment Contracts		Gainwell Technologies			
	Date 10/31/2024	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St Golden, CO 80403-1162	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP, Governn	ment Contracts		Gainwell Technologies			

	MONEI	ETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/20 Rpt: 24/34		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Gainwell Ho	Iding Corp. Political Action Co	mmittee 			00083099		
4	Date 11/15/2024	5 Full name of contributor Thomas Jeffries, Susan6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$10.00	
		Golden, CO 80403-1162						
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	<u></u>			
	VP, Governr	ment Contracts		Gainwell Technologies				
	Date 11/29/2024	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$10.00	
		Golden, CO 80403-1162						
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	VP, Governr	nent Contracts		Gainwell Technologies				
	Date 12/13/2024	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
		Golden, CO 80403-1162						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	VP, Governr	ment Contracts		Gainwell Technologies				
	Date 12/31/2024	Full name of contributor Thomas Jeffries, Susan Contributor address; City; St Golden, CO 80403-1162	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	VP, Governr	ment Contracts		Gainwell Technologies				
	Date 07/15/2024	Full name of contributor Williamson, Dena Contributor address; City; St Carrollton, TX 75010-6435)		Amount of Contribution (\$)	\$15.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Sr. Director,	Acct Management		Gainwell Technologies				
			•					

	MONEI	IETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	nis for	rm.	1	Total pages Schedule A1: Sch: 18/20 Rpt: 25/34		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Gainwell Ho	ding Corp. Political Action Committee				00083099		
4	Date 07/31/2024	 5 Full name of contributor out-of-state PAC williamson, Dena 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$15.00	
		Carrollton, TX 75010-6435						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Sr. Director,	Acct Management		Gainwell Technologies				
	Date 08/15/2024	Full name of contributor out-of-state PAC (Williamson, Dena Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$15.00	
		Carrollton, TX 75010-6435						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()			
	Sr. Director,	Acct Management		Gainwell Technologies				
	Date 08/30/2024	Full name of contributor out-of-state PAC williamson, Dena Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$15.00	
		Carrollton, TX 75010-6435						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()			
	Sr. Director,	Acct Management		Gainwell Technologies				
	Date 09/13/2024	Full name of contributor out-of-state PAC (Williamson, Dena Contributor address; City; State; Zip Code Carrollton, TX 75010-6435	(ID#:)		Amount of Contribution (\$)	\$15.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>			
	•	Acct Management		Gainwell Technologies	,			
	Date 09/30/2024	Full name of contributor out-of-state PAC Williamson, Dena	 (ID#:			Amount of Contribution (\$)	\$15.00	
		Contributor address; City; State; Zip Code Carrollton, TX 75010-6435						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()			
	Sr. Director,	Acct Management		Gainwell Technologies				
			•					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 19/20 Rpt: 26/34		
2	FILER NAME	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Gainwell Ho	Iding Corp. Political Action Committee				00083099	
4	Date 10/15/2024			7	Amount of Contribution (\$)	\$15.00	
	10/13/2024	Williamson, Dena 6 Contributor address; City; State; Zip Code					Ψ13.00
		Carrollton, TX 75010-6435					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
		Acct Management		Gainwell Technologies	,		
	Date	Full name of contributor out-of-state PA	AC (ID#:	,		Amount of Contribution (\$)	
	10/31/2024	Williamson, Dena	AC (ID#			γιποαπι οι Continbution (ψ)	\$15.00
		Contributor address; City; State; Zip Code					
		, , , , , , , , , , , , , , , , , , , ,					
		Carrollton, TX 75010-6435					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Sr. Director,	Acct Management		Gainwell Technologies			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
11/15/2024		Williamson, Dena					\$15.00
		Contributor address; City; State; Zip Code					
		Carrollton, TX 75010-6435					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sr. Director,	Acct Management		Gainwell Technologies			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	11/29/2024	Williamson, Dena					\$15.00
		Contributor address; City; State; Zip Code					
		Carrollton, TX 75010-6435					
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions) 		
		Acct Management		Gainwell Technologies	,		
	Date		AC (ID#:	,		Amount of Contribution (\$)	
	12/13/2024				Amount of Contribution (4)	\$15.00	
		Contributor address; City; State; Zip Code					
		, , , , , , , , , , , , , , , , , , , ,					
		Carrollton, TX 75010-6435					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Sr. Director, Acct Management Gainwell Technologies			Gainwell Technologies			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 20/20 Rpt: 27/34
2	FILER NAME Gainwell Hol	lding Corp. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00083099	
4	Date 12/31/2024	5 Full name of contributor out-of-state PAC (ID#:_Williamson, Dena 6 Contributor address; City; State; Zip Code		
8		Carrollton, TX 75010-6435 pation / Job title (See Instructions) Acct Management	Employer (See Instruct Gainwell Technologi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 1/5 Rpt: 28/34	Gainwell Holding Corp. Political Action Committee 00083099					
4 Date	5 Payee name					
11/18/2024	Bonnen, Greg (Rep.)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$3,500.00	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					
	Greg Bonnen/Support/2026 Primary					
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/18/2024	Campos, Elizabeth (Rep.)					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,000.00	1028 Rigsby					
Ψ2,000.00	1020 Mgsby					
Expenditure from corporate funds	San Antonio, TX 78210					
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					
	Elizabeth Campos/Support/2026 Primary					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI						
Date	Payee name					
11/18/2024	Gates, Gary (Rep.)					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,000.00	2205 Avenue I					
Ψ2,000.00	2200 / Wellide 1					
Expenditure from corporate funds	Rosenberg, TX 77471					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
LAFLINDITURE	Candidate/Officeholder/Political Committee					
	Gary Gates/Support/2026 Primary					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure 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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 2/5 Rpt: 29/34	Gainwell Holding Corp. Political Action Committee 00083099
4 Date	5 Payee name
11/18/2024	Hinojosa, Juan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,000.00	612 W. Nolana
- "	Ste 410
Expenditure from corporate funds	McAllen, TX 78504
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
	Juan Hinojosa/Support/2028 Primary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Huffman, Joan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$7,500.00	3375 Westpark Drive
	Ste 135
Expenditure from corporate funds	Houston, TX 77005
PURPOSE	
OF	(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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Joan Huffman/Support/2028 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/18/2024	Hughes, Bryan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 450
Expenditure from corporate funds	Mineola, TX 75773
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
	Bryan Hughes/Support/2026 Primary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 3/5 Rpt: 30/34	Gainwell Holding Corp. Political Action Committee 00083099
4 Date	5 Payee name
11/18/2024	Hull, Lacey (Rep.)
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 19231
Ψ2,000.00	1 O BOX 13231
Expenditure from corporate funds	Houston, TX 77224
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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Eacey Fluil/Support/2020 Fillinary
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Kolkhorst, Lois (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	P.O. Box 2546
Expenditure from corporate funds	Brenham, TX 77834
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
	Lois Kolkhorst/Support/2026 Primary
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Orr, Angelia (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	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
	Angelia Orr/Support/2026 Primary
Complete CMLV if alia	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 4/5 Rpt: 31/34	Gainwell Holding Corp. Political Action Committee 00083099				
4 Date	5 Payee name				
11/18/2024	Perry, Charles (Sen.)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$4,000.00	P.O. Box 94806				
, ,					
Expenditure from	Lubbook TV 70402				
corporate funds	Lubbock, TX 79493				
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				
	Candidate/Officeholder/Political Committee				
	Chance i on yrouppoint 2020 i innary				
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/18/2024	Raymond, Richard (Rep.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	P.O. Box 450349				
Expenditure from corporate funds	Laredo, TX 78045				
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				
	Richard Raymond/Support/2026 Primary				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	o				
Data					
Date 11/18/2024	Payee name				
11/18/2024	Rose, Toni (Rep.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	P.O. Box 41867				
Expenditure from					
corporate funds	Dallas, TX 75241				
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				
	Toni Rose/Support/2026 Primary				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	1				

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Git/Awards/Memorials Expense Printing Expense Travel Out of District 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: Sch: 5/5 Rpt: 32/34	2 FILER NAME Gainwell Holding Corp. Political Action Committee 3 Filer ID (Ethics Commission Filers) 00083099
4 Date 11/18/2024 6 Amount (\$) \$2,000.00	 5 Payee name Shaheen, Matt (Rep.) 7 Payee address; City; State; Zip Code 3917 Malton Drive
Expenditure from corporate funds 8 PURPOSE	Plano, TX 75025
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 Matt Shaheen/Support/2026 Primary
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

_				
	The Instruction Guide explains how to complete this form.			al pages Schedule K: n: 1/2 Rpt: 33/34
2				r ID (Ethics Commission Filers)
	Gainwell Holding Corp. Political Action Committee 00083			83099
4	Date 08/05/2024	 Name of person from whom amount is received Giovanni Capriglione Campaign Address of person from whom amount is received; City; State; Zip Code 		8 Amount (\$) \$1,000.00
		Southlake, TX 76092		
		7 Purpose for which amount is received Void of 11.02.22 Disbursement	olitical c	ontribution returned to filer
	Date 07/31/2024	Name of person from whom amount is received JP Morgan Chase Bank, NA Address of person from whom amount is received; City; State; Zip Code		Amount (\$) \$101.69
		New York, NY 10038	olitical o	patribution returned to filer
		Purpose for which amount is received Check if p	olitical c	ontribution returned to filer
	Date 08/30/2024	Name of person from whom amount is received JP Morgan Chase Bank, NA Address of person from whom amount is received; City; State; Zip Code		Amount (\$) \$100.37
		New York, NY 10038		
		Purpose for which amount is received	olitical c	ontribution returned to filer
	Date 09/30/2024	Name of person from whom amount is received JP Morgan Chase Bank, NA Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
		New York, NY 10038		
		Purpose for which amount is received	olitical c	ontribution returned to filer
	Date 10/31/2024	Name of person from whom amount is received JP Morgan Chase Bank, NA Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
		New York, NY 10038		
		Purpose for which amount is received Check if portion Bank Interest	olitical c	ontribution returned to filer

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

_						
	The Instruction Guide explains how to complete this form.			ages Schedule K: 2/2 Rpt: 34/34		
2	2 FILER NAME 3 Filer I			Filer ID) (Ethics Commis	sion Filers)
				00083	3099	
4	Date				8 Amount (\$)	
	11/29/2024	JP Morgan Chase Bank, NA			(1)	\$73.40
		6 Address of person from whom amount is received; City; State; Zip Code				******
		Address of person from whom amount is received, City, State, 21p Code				
		New York, NY 10038				
		7 Purpose for which amount is received Check if p	olitio	cal cont	ribution returned to	filer
		Bank Interest				
F	Date	Name of person from whom amount is received			Amount (\$)	
	12/31/2024	JP Morgan Chase Bank, NA			Amount (ψ)	\$50.22
	12/01/2024					Ψ30.22
		Address of person from whom amount is received; City; State; Zip Code				
		New York, NY 10038				
			- 1141			£1
		_ `	Olitio	cai cont	ribution returned to	tiler
L		Bank Interest			-	
	Date	Name of person from whom amount is received			Amount (\$)	
	08/05/2024	James Frank Campaign				\$1,000.00
		Address of person from whom amount is received; City; State; Zip Code			1	
		Wichita Falls, TX 76308				
		Purpose for which amount is received	olitio	cal cont	ribution returned to	filer
Void of 11.02.22 Disbursement						
F	Date	Name of person from whom amount is received			Amount (\$)	
	08/05/2024	Lois W. Kolkhorst Campaign				\$1,000.00
		Address of person from whom amount is received; City; State; Zip Code			1	
		Brenham, TX 77834				
		Purpose for which amount is received X Check if p	olitio	cal cont	ribution returned to	filer
		Void of 11.02.22 Disbursement				
\vdash						