

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00083099	<b>2</b> Total pages filed: 34
<b>3</b> COMMITTEE NAME Gainwell Holding Corp. Political Action Committee		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/06/2025	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5615 High Point Drive  Irving, TX 75038	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Vineet <hr/> NICKNAME LAST SUFFIX Gupta	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5615 High Point Drive  Irving, TX 75038	
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5615 High Point Drive  Irving, TX 75038	
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (732) 556-7248	
<b>9</b> REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED		Month Day Year      Month Day Year 07/01/2024      THROUGH      12/31/2024	
<b>11</b> ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Gainwell Holding Corp. Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00083099
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Angelia Orr    State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,592.24
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 41,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 26,711.86
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Vineet Gupta  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Gainwell Holding Corp. Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00083099
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Bryan Hughes State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Charles Perry State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Garry Gates State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Gainwell Holding Corp. Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00083099
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Greg Bonnen State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Joan Huffman State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Juan Hinojosa State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Gainwell Holding Corp. Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00083099
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Lacey Hull State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Elizabeth Campos State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Lois Kolkhorst State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Gainwell Holding Corp. Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00083099
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Matt Shaheen State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Richard Raymond State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Toni Rose State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Gainwell Holding Corp. Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00083099
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,592.24
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 41,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3,503.87

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/20 Rpt: 8/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	<b>7</b> Amount of Contribution (\$)  \$92.31
<b>8</b> Principal occupation / Job title (See Instructions) Sr Regional Director		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Sr Regional Director		Employer (See Instructions) Gainwell Technologies
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Sr Regional Director		Employer (See Instructions) Gainwell Technologies
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062-7035	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Sr Regional Director		Employer (See Instructions) Gainwell Technologies
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062-7035	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Sr Regional Director		Employer (See Instructions) Gainwell Technologies



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/20 Rpt: 9/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Marietta, GA 30062-7035	<b>7</b> Amount of Contribution (\$)  \$92.31
<b>8</b> Principal occupation / Job title (See Instructions) Sr Regional Director		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Sr Regional Director		Employer (See Instructions) Gainwell Technologies
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Sr Regional Director		Employer (See Instructions) Gainwell Technologies
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Sr Regional Director		Employer (See Instructions) Gainwell Technologies
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Sr Regional Director		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/20 Rpt: 10/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	<b>7</b> Amount of Contribution (\$)  \$92.31
<b>8</b> Principal occupation / Job title (See Instructions) Sr Regional Director		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finley, James <hr/> Contributor address; City; State; Zip Code  Marietta, GA 30062-1471	Amount of Contribution (\$)  \$92.31
Principal occupation / Job title (See Instructions) Sr Regional Director		Employer (See Instructions) Gainwell Technologies
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kinson, Henri <hr/> Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	Amount of Contribution (\$)  \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kinson, Henri <hr/> Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	Amount of Contribution (\$)  \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kinson, Henri <hr/> Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	Amount of Contribution (\$)  \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/20 Rpt: 11/34
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri	7 Amount of Contribution (\$)  \$38.47
	6 Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	
8 Principal occupation / Job title (See Instructions) VP, Risk Management		9 Employer (See Instructions) Gainwell Technologies
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri	Amount of Contribution (\$)  \$38.47
	Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri	Amount of Contribution (\$)  \$38.47
	Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri	Amount of Contribution (\$)  \$38.47
	Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri	Amount of Contribution (\$)  \$38.47
	Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/20 Rpt: 12/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> <b>6</b> Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	<b>7</b> Amount of Contribution (\$)  \$38.47
<b>8</b> Principal occupation / Job title (See Instructions) VP, Risk Management		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	Amount of Contribution (\$)  \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	Amount of Contribution (\$)  \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinson, Henri <hr/> Contributor address; City; State; Zip Code  Elkhorn, WI 53121-2871	Amount of Contribution (\$)  \$38.47
Principal occupation / Job title (See Instructions) VP, Risk Management		Employer (See Instructions) Gainwell Technologies
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Manager, Operations		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/20 Rpt: 13/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Manager, Operations		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Manager, Operations		Employer (See Instructions) Gainwell Technologies
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Manager, Operations		Employer (See Instructions) Gainwell Technologies
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Manager, Operations		Employer (See Instructions) Gainwell Technologies
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Manager, Operations		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/20 Rpt: 14/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Manager, Operations		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Manager, Operations		Employer (See Instructions) Gainwell Technologies
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Manager, Operations		Employer (See Instructions) Gainwell Technologies
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Manager, Operations		Employer (See Instructions) Gainwell Technologies
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sr. Manager, Operations		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/20 Rpt: 15/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopiccolo, Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Scottsdale, AZ 85260-7284	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Manager, Operations		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marlow, Eric <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	Amount of Contribution (\$)  \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marlow, Eric <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	Amount of Contribution (\$)  \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marlow, Eric <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	Amount of Contribution (\$)  \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marlow, Eric <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	Amount of Contribution (\$)  \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/20 Rpt: 16/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	<b>7</b> Amount of Contribution (\$)  \$4.62
<b>8</b> Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	Amount of Contribution (\$)  \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	Amount of Contribution (\$)  \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	Amount of Contribution (\$)  \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908	Amount of Contribution (\$)  \$4.62
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/20 Rpt: 17/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric	<b>7</b> Amount of Contribution (\$) \$4.62
<b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908		
<b>8</b> Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric	Amount of Contribution (\$) \$4.62
Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908		
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, Eric	Amount of Contribution (\$) \$4.62
Contributor address; City; State; Zip Code  Las Vegas, NV 89108-5908		
Principal occupation / Job title (See Instructions) Mgr,Data Cust & Analytics		Employer (See Instructions) Gainwell Technologies
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert	Amount of Contribution (\$) \$5.42
Contributor address; City; State; Zip Code  Edison, NJ 08820-2623		
Principal occupation / Job title (See Instructions) Developer/Analyst II		Employer (See Instructions) Gainwell Technologies
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert	Amount of Contribution (\$) \$5.42
Contributor address; City; State; Zip Code  Edison, NJ 08820-2623		
Principal occupation / Job title (See Instructions) Developer/Analyst II		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/20 Rpt: 18/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montemarano, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edison, NJ 08820-2623	<b>7</b> Amount of Contribution (\$) \$5.42
<b>8</b> Principal occupation / Job title (See Instructions) Developer/Analyst II		<b>9</b> Employer (See Instructions) Gainwell Technologies
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Principal occupation / Job title (See Instructions) Developer/Analyst II		Employer (See Instructions) Gainwell Technologies
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Principal occupation / Job title (See Instructions) Developer/Analyst II		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/20 Rpt: 19/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert	<b>7</b> Amount of Contribution (\$) \$5.42
<b>6</b> Contributor address; City; State; Zip Code  Edison, NJ 08820-2623		
<b>8</b> Principal occupation / Job title (See Instructions) Developer/Analyst II		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert	Amount of Contribution (\$) \$5.42
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Principal occupation / Job title (See Instructions) Developer/Analyst II		Employer (See Instructions) Gainwell Technologies
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemarano, Robert	Amount of Contribution (\$) \$5.42
Contributor address; City; State; Zip Code  Edison, NJ 08820-2623		
Principal occupation / Job title (See Instructions) Developer/Analyst II		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/20 Rpt: 20/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piniones, Leanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	<b>7</b> Amount of Contribution (\$)  \$0.20
<b>8</b> Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	Amount of Contribution (\$)  \$0.20
Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		Employer (See Instructions) Gainwell Technologies
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	Amount of Contribution (\$)  \$0.20
Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		Employer (See Instructions) Gainwell Technologies
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	Amount of Contribution (\$)  \$0.20
Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		Employer (See Instructions) Gainwell Technologies
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Piniones, Leanne <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	Amount of Contribution (\$)  \$0.20
Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/20 Rpt: 21/34
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne	7 Amount of Contribution (\$) \$0.20
	6 Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	
8 Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		9 Employer (See Instructions) Gainwell Technologies
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne	Amount of Contribution (\$) \$0.20
	Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	
Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		Employer (See Instructions) Gainwell Technologies
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne	Amount of Contribution (\$) \$0.20
	Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	
Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		Employer (See Instructions) Gainwell Technologies
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne	Amount of Contribution (\$) \$0.20
	Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	
Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		Employer (See Instructions) Gainwell Technologies
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne	Amount of Contribution (\$) \$0.20
	Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524	
Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/20 Rpt: 22/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne	<b>7</b> Amount of Contribution (\$) \$0.20
<b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524		
<b>8</b> Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piniones, Leanne	Amount of Contribution (\$) \$0.20
Contributor address; City; State; Zip Code  Las Vegas, NV 89178-3524		
Principal occupation / Job title (See Instructions) Supervisor, Clinical Claim Rev		Employer (See Instructions) Gainwell Technologies
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Golden, CO 80403-1162		
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Golden, CO 80403-1162		
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Golden, CO 80403-1162		
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/20 Rpt: 23/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Golden, CO 80403-1162		
<b>8</b> Principal occupation / Job title (See Instructions) VP, Government Contracts		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Golden, CO 80403-1162		
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Golden, CO 80403-1162		
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Golden, CO 80403-1162		
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Golden, CO 80403-1162		
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 17/20 Rpt: 24/34
2 FILER NAME Gainwell Holding Corp. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083099
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	7 Amount of Contribution (\$)  \$10.00
	6 Contributor address; City; State; Zip Code  Golden, CO 80403-1162	
8 Principal occupation / Job title (See Instructions) VP, Government Contracts		9 Employer (See Instructions) Gainwell Technologies
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Golden, CO 80403-1162	
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Golden, CO 80403-1162	
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jeffries, Susan	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Golden, CO 80403-1162	
Principal occupation / Job title (See Instructions) VP, Government Contracts		Employer (See Instructions) Gainwell Technologies
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena	Amount of Contribution (\$)  \$15.00
	Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Gainwell Technologies



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/20 Rpt: 25/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 07/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Gainwell Technologies
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Gainwell Technologies
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Gainwell Technologies
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/20 Rpt: 26/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435		
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		<b>9</b> Employer (See Instructions) Gainwell Technologies
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435		
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Gainwell Technologies
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435		
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Gainwell Technologies
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435		
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Gainwell Technologies
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Dena	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435		
Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		Employer (See Instructions) Gainwell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/20 Rpt: 27/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 12/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williamson, Dena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010-6435	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Sr. Director, Acct Management		<b>9</b> Employer (See Instructions) Gainwell Technologies

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 28/34	<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00083099
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<b>4</b> Date 11/18/2024	<b>5</b> Payee name Bonnen, Greg (Rep.)
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<b>6</b> Amount (\$) \$3,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1183  Friendswood, TX 77549
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greg Bonnen/Support/2026 Primary
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Campos, Elizabeth (Rep.)
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Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1028 Rigsby  San Antonio, TX 78210
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Elizabeth Campos/Support/2026 Primary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Gates, Gary (Rep.)
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Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2205 Avenue I  Rosenberg, TX 77471
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gary Gates/Support/2026 Primary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 29/34	<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00083099
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<b>4</b> Date 11/18/2024	<b>5</b> Payee name Hinojosa, Juan (Sen.)
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<b>6</b> Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 612 W. Nolana Ste 410 McAllen, TX 78504
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Juan Hinojosa/Support/2028 Primary
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Huffman, Joan (Sen.)
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Amount (\$) \$7,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3375 Westpark Drive Ste 135 Houston, TX 77005
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Joan Huffman/Support/2028 Primary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Hughes, Bryan (Sen.)
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Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450  Mineola, TX 75773
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bryan Hughes/Support/2026 Primary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 30/34	<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00083099
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<b>4</b> Date 11/18/2024	<b>5</b> Payee name Hull, Lacey (Rep.)
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<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 19231  Houston, TX 77224
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lacey Hull/Support/2026 Primary
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Kolkhorst, Lois (Sen.)
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Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2546  Brenham, TX 77834
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lois Kolkhorst/Support/2026 Primary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Orr, Angelia (Rep.)
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Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 113  Itasca, TX 76055
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Angelia Orr/Support/2026 Primary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 31/34	<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/18/2024	<b>5</b> Payee name Perry, Charles (Sen.)	
<b>6</b> Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 94806  Lubbock, TX 79493	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charles Perry/Support/2026 Primary
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2024	Payee name Raymond, Richard (Rep.)	
Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 450349  Laredo, TX 78045	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Richard Raymond/Support/2026 Primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2024	Payee name Rose, Toni (Rep.)	
Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 41867  Dallas, TX 75241	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toni Rose/Support/2026 Primary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 32/34	<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00083099	
<b>4</b> Date 11/18/2024	<b>5</b> Payee name Shaheen, Matt (Rep.)		
<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3917 Malton Drive  Plano, TX 75025		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Matt Shaheen/Support/2026 Primary	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held



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

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 33/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 08/05/2024	<b>5</b> Name of person from whom amount is received Giovanni Capriglione Campaign <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Southlake, TX 76092	<b>8</b> Amount (\$) \$1,000.00
<b>7</b> Purpose for which amount is received Void of 11.02.22 Disbursement		<input checked="" type="checkbox"/> Check if political contribution returned to filer
Date 07/31/2024	Name of person from whom amount is received JP Morgan Chase Bank, NA <hr/> Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	Amount (\$) \$101.69
Purpose for which amount is received Bank Interest		<input type="checkbox"/> Check if political contribution returned to filer
Date 08/30/2024	Name of person from whom amount is received JP Morgan Chase Bank, NA <hr/> Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	Amount (\$) \$100.37
Purpose for which amount is received Bank Interest		<input type="checkbox"/> Check if political contribution returned to filer
Date 09/30/2024	Name of person from whom amount is received JP Morgan Chase Bank, NA <hr/> Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	Amount (\$) \$93.12
Purpose for which amount is received Bank Interest		<input type="checkbox"/> Check if political contribution returned to filer
Date 10/31/2024	Name of person from whom amount is received JP Morgan Chase Bank, NA <hr/> Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	Amount (\$) \$85.07
Purpose for which amount is received Bank Interest		<input type="checkbox"/> Check if political contribution returned to filer

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 34/34
<b>2</b> FILER NAME Gainwell Holding Corp. Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00083099
<b>4</b> Date 11/29/2024	<b>5</b> Name of person from whom amount is received JP Morgan Chase Bank, NA	<b>8</b> Amount (\$) \$73.40
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	
	<b>7</b> Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2024	Name of person from whom amount is received JP Morgan Chase Bank, NA	Amount (\$) \$50.22
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10038	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/05/2024	Name of person from whom amount is received James Frank Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code  Wichita Falls, TX 76308	
	Purpose for which amount is received Void of 11.02.22 Disbursement <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/05/2024	Name of person from whom amount is received Lois W. Kolkhorst Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code  Brenham, TX 77834	
	Purpose for which amount is received Void of 11.02.22 Disbursement <input checked="" type="checkbox"/> Check if political contribution returned to filer	