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) 00089079 3 COMMITTEE NAME **OFFICE USE ONLY** Incline PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 919 Congress Avenue Date Hand-delivered or Date Postmarked **Suite 1255** Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jon NAME NICKNAME LAST **SUFFIX** Britton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 919 Congress STREET **ADDRESS** Ste. 1255 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 919 Congress MAILING **ADDRESS** Ste. 1255 Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 480-0006 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 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)
Incline PAC			00089079	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Mayes Middleton State S	Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	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	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	150,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	122,605.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	27,395.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Jo	n Britton	
		Signature of Ca	mpaign Treasure	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said _	, ti	his 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

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						rage 3 01 32
	COMMITTEE NAME Incline PAC				13 Filer ID 00089079	(Ethics Commission Filers)
L4	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Bryan Hughes State Senat		
	(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.)		Sen. Brandon Creighton State S	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.)		Rep. Mary Ann Perez State Rep	presentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		(Identify by name or, if				

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Incline PAC				00089079	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Toni Rose State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Charlie Geren State Repre	esentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Nathan Johnson State Ser	nator	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

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	COMMITTEE NAME					
					13 Filer ID	(Ethics Commission Filers)
	Incline PAC				00089079	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Angela Paxton State Sena	tor	
- 1	(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.)		Rep. Tom Craddick State Repre	esentative	
-	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Caroline Harris Davila Stat	te Representati	ve
-	(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.)				

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OMMITTEE NAME cline PAC OMMITTEE				13 Filer ID	(Ethics Commission Filers)
OMMITTEE					
				00089079	
CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ana Hernandez State Rep	resentative	
attach lists on plain aper to complete this port 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.)				
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Judith Zaffirini State Senat	or	
attach lists on plain aper to complete this port 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.)				
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Greg Abbott Gov	vernor	
attach lists on plain aper to complete this port 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.)				
	cttach lists on plain aper to complete this port if necessary.) OMMITTEE CTIVITY attach lists on plain aper to complete this	(Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) attach lists on plain apper to complete this port 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.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) attach lists on plain apper to complete this port 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.)	(Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (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.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted I. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed	(Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 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.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed CTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed C. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed C. Measures (Describe by date and location of election and nature of issue.) C. Measures (Describe by date and location of election and nature of issue.) C. Measures (Describe by date and location of election and nature of issue.) C. Measures (Describe by date and location of election and nature of issue.) C. Measures (Describe by date and location of election and nature of issue.) C. Measures (Describe by date and location of election and nature of issue.)	Clearity by name or, if applicable, classify by party.

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MMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
14114111 1 LL 147 4141L				13 1 IICI ID	(Ethics Commission Filers)
line PAC				00089079	
MMITTEE TIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Jose Menendez State S	enator	
tach lists on plain per to complete this ort 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.)				
MMITTEE TIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Todd Hunter State Repr	esentative	
tach lists on plain per to complete this ort 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.)				
MMITTEE TIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Brian Birdwell State Ser	ator	
tach lists on plain per to complete this ort 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.)				
t	TIVITY ach lists on plain er to complete this	Assisted (identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (identify by name or, if applicable, classify by party.) ach lists on plain 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	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported A. Supported Describe by date and location of election and nature of issue.) B. Opposed	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported A. Supported B. Opposed

FORM GPAC ADDENDUM

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14 C	COMMITTEE NAME ncline PAC				13 Filer ID	(Ethics Commission Filers)
14 (ncline PAC					
<u>A</u> (4					00089079	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Robert Nichols State Sena	tor	
p re	Attach lists on plain paper to complete this eport 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.)		Sen. Lois Kolkhorst State Senat	or	
þ	Attach lists on plain paper to complete this eport 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.)		Rep. Ryan Guillen State Repres	sentative	
р	Attach lists on plain paper to complete this eport 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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						1 ago o o o o o
12 C	OMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Ir	ncline PAC				00089079	
	OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Jeff Barry State Represe	entative	
pa	Attach lists on plain aper to complete this eport 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.)				
С	OMMITTEE	1. Candidates	A. Supported	Rep. Lacey Hull State Repre	esentative	
А	CTIVITY	(Identify by name or, if applicable, classify by party.)				
pa	Attach lists on plain aper to complete this eport 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.)				
	OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Donna Campbell State	Senator	
pa	Attach lists on plain aper to complete this eport 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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							1 ago 10 01 02
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Incline PAC					00089079	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Cody Harris S	tate Represe	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				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	Δ Supported	Rep. Chris Turner S	State Depres	ontativo	
	ACTIVITY	(Identify by name or, if	A. Supported	Rep. Chins rumer s	state Repres	entative	
		applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Philip Cortez	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				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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FORM GPAC ADDENDUM

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					1 ago 11 01 02
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Incline PAC				00089079
1/1	COMMITTEE	1. Candidates	A Supported	Rep. Senfronia Thompson State	Paprocentative
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Rep. Semiona mompson State	е кергезептануе
	(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	Candidates		Rep. Morgan Meyer State Repr	ocentativo
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Rep. Morgan Meyer State Repr	esentauve
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders Assisted (Identify by name or, if			
		applicable, classify by party.)			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ann Johnson State Repres	sentative
	(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.)			

FORM GPAC **ADDENDUM**

		Page 12 of 32
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Incline PAC		00089079
14 COMMITTEE 1. Candida (Identify by nam applicable, class	e or, if	e Senator
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measure (Describe by da location of elect nature of issue.)	te and on and	
	B. Opposed	
3. Officeho Assisted (Identify by nam applicable, class	e or, if	
COMMITTEE ACTIVITY 1. Candida (Identify by nam applicable, class	e or, if	n State Representative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measure (Describe by da location of elect nature of issue.)	te and on and	
	B. Opposed	
Officeho Assisted (Identify by namapplicable, class	e or, if	
COMMITTEE 1. Candida ACTIVITY (Identify by nam applicable, class	e or. if	tate Representative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measure (Describe by da location of elect nature of issue.)	te and on and	
	B. Opposed	
3. Officeho Assisted (Identify by nam applicable, class	e or, if	
	'	

FORM GPAC **ADDENDUM**

					Page 13 of 32
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Incline PAC				00089079	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Cole Hefner State Ro	epresentative	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Dan Patrick	< Lieutenant Govern	or
(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.)		Rep. Dustin Burrows State	e 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.)				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

PURPOSE							ADDENL	
							Page 14 o	
2 COMMITTEE NAME						13 Filer ID	(Ethics Commission F	Filers)
Incline PAC						00089079		
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Charle	es Schwertn	er State S	Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	3. Officeholders Assisted							
	(Identify by name or, if applicable, classify by party.)							

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 15 of 32

					13 01 02
17 COMMITTEE NAME 18 Filer ID			(Eth	nics Commission Filers)	
Incline PAC 00089079					
19 SC	HEDULI	SUBTOTALS			
NA	ME OF	SCHEDULE			SUBTOTAL AMOUNT
				\vdash	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	150,000.00
				\vdash	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
				╀	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
				-	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
		ORGANIZATION		Ť	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
		LABOR ORGANIZATION		Ψ	
		COLUMN TO CO. MONETARY CURRENT FROM CORROBATION OR LABOR ORG	^^UZ^TIONI		
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
				\vdash	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
				├	
9.	X	SCHEDULE E: LOANS		\$	0.00
				_	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	122,605.00
	<u> </u>				122,000.00
11		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
11.	X	SCHEDULE F2. UNPAID INCORRED OBLIGATIONS		\$	0.00
10					0.00
12.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
				+	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
				┢	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
				├	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$	
TO FILER					

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 16/32
2	FILER NAME Incline PAC				3	Filer ID (Ethics Commission Filers) 00089079
4	Date 11/12/2024	5 Full name of contributor Alpert, Robert (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$50,000.00
		Austin, TX 78737	<u>, </u>			
8	Principal occu Board Memb	pation / Job title (See Instructions) per	9	Employer (See Instructions Incline P&C Group	5)	
	Date 10/30/2024	Full name of contributor Andy, Thomas (Mr.) Contributor address; City; Sta Austin, TX 78737)		Amount of Contribution (\$) \$20,000.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>. </u>	
	Board Memb	er		Incline P&C Group		
	Date 10/30/2024	Full name of contributor Martin, John (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$) \$30,000.00
	Dringing con	Austin, TX 78737		Employer (Co.) Instructions	<u></u>	
	Board Memb	pation / Job title (See Instructions) per		Employer (See Instructions Incline P&C Group	·)	
	Date 11/06/2024	Full name of contributor McClellan, Chris (Mr.) Contributor address; City; Sta Austin, TX 78737)		Amount of Contribution (\$) \$1,000.00
	Principal occu CEO	pation / Job title (See Instructions		Employer (See Instructions Incline P&C Group	5)	
	Date 11/08/2024	Full name of contributor McClellan, Chris (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$49,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Incline P&C Group	5)	
			•			

PLE	DGED CONTRIBU	TIONS		SCHE	DULE B
Т	he Instruction Guide ex	plains how to comp	lete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 17/32	
2 FILER NAME Incline PAC			3 Filer ID (Ethics Commission F 00089079	ilers)	
4 TOTAL	OF UNITEMIZED PLED	GES		\$	0.00
5 Date	6 Full name of pledgor 7 Pledgor Address;	out-of-state PAC (ID		9 In-kind des (If applied)	scription cable)
			_	Check if travel outside of Texas. Cor	nplete Schedule T.
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	tructions)	

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this fo	Tm. 1 Total pages Schedule E: Sch: 1/1 Rpt: 18/32
2 FILER NAME Incline PAC	3 Filer ID (Ethics Commission Filers) 00089079
TOTAL OF UNITEMIZED LOANS	\$ 0.00
5 Date of loan 7 Name of lender out-of-state PAC	(ID#:) 9 Loan Amount (\$)
6 Is lender a financial institution? 8 Lender address; City; State;	Zip Code 10 Interest Rate
	11 Maturity Date
12 Principal occupation / Job title (See Instructions)	3 Employer (See Instructions)
14 Description of Collateral None	Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City; State;	Zip Code
20 Principal occupation 2	1 Employer (See Instructions)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/14 Rpt: 19/32	Incline PAC 00089079			
4 Date	5 Payee name			
12/03/2024	Abbott, Greg (The Honorable)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$25,000.00	PO Box 308			
Expenditure from corporate funds	Austin, TX 78767			
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			
	Campaign contribution			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Device same			
12/06/2024	Payee name Barry, Jeff (Mr.)			
	F			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 21			
Expenditure from corporate funds	Pearland, TX 77588			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Candidate/Officeholder/Political Committee			
	Campaign contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
12/03/2024	Birdwell, Brian (Sen.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,000.00	PO Box 1111			
. ,				
Expenditure from corporate funds	Granbury, TX 76048			
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			
	Sampaigh sommunon			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/14 Rpt: 20/32	Incline PAC 00089079
301. 2/14 Kpt. 20/32	l .
4 Date	5 Payee name
12/06/2024	Burrows, Dustin (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 2569
Ψ10,000.00	1 0 BOX 2505
Expenditure from	
corporate funds	Lubbock, TX 79408
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-l
2 .	
Date	Payee name
12/03/2024	Campbell, Donna (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1308 Common St.
	Ste 2015 Box 719
Expenditure from	
corporate funds	New Braunfels, TX 78130
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/05/2024	Cortez, Philip (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7919 Liberty Island
Expenditure from corporate funds	San Antonio, TX 78227
<u> </u>	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Onicenoider/Political Committee Campaign contribution
	Sumpargh contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorations to beliefft C/OI	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/14 Rpt: 21/32	Incline PAC 00089079
4 Date	5 Payee name
12/03/2024	Craddick, Tom (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	2 Lakes Drive
Expenditure from corporate funds	Midland, TX 79705
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/02/2024	Creighton, Brandon (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	2257 N. Loop 336
	Ste. 140-366
Expenditure from corporate funds	Conroe, TX 77304
•	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign Contribution
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiantare to serionic eye.	
Date	Payee name
12/12/2024	Davila, Caroline Harris (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 700
Expenditure from corporate funds	Georgetown, TX 78680
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
·	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/14 Rpt: 22/32	Incline PAC 00089079
4 Date	5 Payee name
10/30/2024	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	401 Congress
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Wire transfer charge
	wire transfer charge
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/30/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	401 Congress Ave.
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Wire transfer charge
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
11/06/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	401 Congress Ave.
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Wire transfer charge
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 Commit

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/14 Rpt: 23/32	Incline PAC 00089079
4 Date	5 Payee name
11/08/2024	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	401 Congress Ave.
Expenditure from	
corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Wire transfer charge
	while transfer charge
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
11/12/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	401 Congress Ave.
φ13.00	401 Congress Ave.
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Wire transfer charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	401 Congress Ave.
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank fee
	Dankiee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/14 Rpt: 24/32	Incline PAC 00089079
·	l .
4 Date	5 Payee name
12/03/2024	Geren, Charlie (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 1440
Expenditure from corporate funds	Fort Worth, TX 76101
8 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 Check if Austin, TX, officeholder living expense
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/11/2024	Guillen, Ryan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5346 E US Hwy 83
	Bldg A Ste 5-A
Expenditure from corporate funds	Rio Grande City, TX 78582
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
12/10/2024	Harris, Cody (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 282
Expenditure from corporate funds	Palestine, TX 75801
<u> </u>	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
orodit odra i dymoni	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 7/14 Rpt: 25/32	Incline PAC 00089079				
4 Date	5 Payee name				
12/03/2024	Hefner, Cole (Rep.)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,000.00	PO Box 167				
Expenditure from corporate funds	Mount Pleasant, TX 75456				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	Campaign contribution				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
oxportantaro to sorione or o					
Date	Payee name				
12/10/2024	Hernandez, Ana (Rep.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	PO Box 15538				
\$2,000.00	1 0 Day 10000				
Expenditure from					
corporate funds	Houston, TX 77220				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
EXI ENDITORE	Candidate/Officeholder/Political Committee				
	Campaign contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	1				
Date	Payee name				
12/11/2024	Hughes, Bryan (Sen.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	110 North College Ave.				
- Funanditura from	Suite 207				
Expenditure from corporate funds	Tyler, TX 75702				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	Campaign contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 8/14 Rpt: 26/32	Incline PAC 00089079
4 Date	5 Payee name
12/12/2024	Hull, Lacey (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 19231
\$1,000.00	FO BOX 19231
Expenditure from	
corporate funds	Houston, TX 77224
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/05/2024	Hunter, Todd (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	445 Cape Henry Dr.
+ =,000.00	The Cape Hamily 211
Expenditure from	
corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Data	Davis asses
Date	Payee name
12/09/2024	Johnson, Ann (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
-	
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
	Campaign continuution
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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/14 Rpt: 27/32	Incline PAC 00089079
•	
4 Date	5 Payee name
12/02/2024	Johnson, Nathan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 670994
Expenditure from corporate funds	Dallas, TX 75367
8 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 Check if Austin, TX, officeholder living expense
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Н
Date	Payee name
12/12/2024	King, Phil (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 1913
Expenditure from	
corporate funds	Weatherford, TX 76086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	n
Date	Payee name
12/04/2024	Kolkhorst, Lois (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 2546
Ψ2,000.00	1 0 80% 2540
Expenditure from	B. J.
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
	Candidate/Officeholder/Political Committee
	Campaign contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to belief 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 10/14 Rpt: 28/32	Incline PAC 00089079
4 Date	5 Payee name
12/03/2024	Menendez, Jose (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 100833
Expenditure from corporate funds	San Antonio, TX 78201
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
	Campaigh Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2024	
	Metcalf, Will (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 454
Expenditure from corporate funds	Conroe, TX 77305
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 Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/03/2024	Meyer, Morgan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	3838 Oak Lawn Ave.
,	Ste 400
Expenditure from	
corporate funds	Dallas, TX 75219
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 11/14 Rpt: 29/32	Incline PAC 00089079	
4 Date	5 Payee name	
12/03/2024	Middleton, Mayes (Sen.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 1526	
Expenditure from corporate funds	Galveston, TX 77553	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Campaign continuation	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
Data	<u> </u>	
Date	Payee name	
12/05/2024	Nichols, Robert (Sen.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 2347	
Expenditure from		
corporate funds	Jacksonville, TX 75766	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
2 1 2 2 1 1 2 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/03/2024	Patrick, Dan (The Honorable)	
Amount (\$)	Payee address; City; State; Zip Code	
\$25,000.00	PO Box 685085	
Expenditure from corporate funds	Austin, TX 78768	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
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) Event Expense

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/14 Rpt: 30/32	Incline PAC 00089079
4 Date	5 Payee name
12/04/2024	Patterson, Jared (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 5419
Expenditure from corporate funds	Frisco, TX 75035
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
	Campaign continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
12/03/2024	Paxton, Angela (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 2878
Expenditure from	
corporate funds	McKinney, TX 75070
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Perez, Mary Ann (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6200 Gulf Fwy
	#125
Expenditure from corporate funds	Houston, TX 77023
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/14 Rpt: 31/32	Incline PAC 00089079
4 Date	5 Payee name
12/03/2024	Rose, Toni (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 41867
Expenditure from corporate funds	Dallas, TX 75241
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 Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
oxponditure to sonont eye	
Date	Payee name
12/03/2024	Schwertner, Charles (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 2448
Ψ0,000.00	1 0 80% 2440
Expenditure from	
corporate funds	Georgetown, TX 78627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
LXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
12/03/2024	Thompson, Senfronia (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	10527 Homestead
Evnanditura fra	
Expenditure from corporate funds	Houston, TX 77016
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
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 Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 14/14 Rpt: 32/32	2 FILER NAME Incline PAC 3 Filer ID (Ethics Commission Filers) 00089079
4 Date 12/04/2024	5 Payee name Turner, Chris (Rep.)
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 182093
Expenditure from corporate funds	Arlington, TX 76096
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 12/03/2024	Payee name Zaffirini, Judith (Sen.)
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code PO Box 627
Expenditure from corporate funds	Laredo, TX 78042
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held