

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087452	2 Total pages filed: 13
3 COMMITTEE NAME RESTORE TRUST TEXAS (RTT)		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 26677 Austin, TX 78755	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Caitlyn B.	
		NICKNAME LAST SUFFIX Tortorici	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 421 Office Park Drive Mountain Brook, AL 35223	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 421 Office Park Drive Mountain Brook, AL 35223	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (205) 440-2873	
9 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	
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 10/27/2024 12/31/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME RESTORE TRUST TEXAS (RTT)	13 Filer ID (Ethics Commission Filers) 00087452
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,672.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	19,701.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	31,378.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	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.

Mrs. Caitlyn B. Tortorici

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 13

17 COMMITTEE NAME RESTORE TRUST TEXAS (RTT)		18 Filer ID 00087452	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,672.81
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	\$	16,914.49
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	2,787.11
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	\$	186.39

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/13
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 Date 11/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUMANN, HAPPY <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75093	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) ADVANCED CONNECTIONS
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYES, PATRICK <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75219	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF EMPLOYED
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STONE, CHRISTINA <hr/> Contributor address; City; State; Zip Code BELLAIRE, TX 77401	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) STONE AND STONE LLC
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARE, RICHARD <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79105	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) AMARILLO NATIONAL BANK
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZEIDMAN, JAY <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77027	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) ALTITUDE VENTURES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/13
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 Date 11/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZEIDMAN, JAY <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77027	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) MANAGING PARTNER		9 Employer (See Instructions) ALTITUDE VENTURES
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZEIDMAN, JAY <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77027	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) ALTITUDE VENTURES

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.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 6/13	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 10/28/2024	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) \$2,795.15 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 200 VESEY STREET NEW YORK, NY 10285	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRAVEL AND DATA SERVICES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name AMERICAN EXPRESS	
Amount (\$) \$111.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 VESEY STREET NEW YORK, NY 10285	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR POSTAGE AND DATA SERVICES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name AMERICAN EXPRESS	
Amount (\$) \$2,748.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 VESEY STREET NEW YORK, NY 10285	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR POSTAGE, TRAVEL AND DATA SERVICES
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.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 7/13	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
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4 Date 11/05/2024	5 Payee name ANEDOT
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6 Amount (\$) \$4.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2024	Payee name ANEDOT
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Amount (\$) \$47.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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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 12/03/2024	Payee name ANEDOT
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Amount (\$) \$4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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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.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 8/13	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
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4 Date 11/08/2024	5 Payee name CATCH DIGITAL STRATEGY
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/10/2024	Payee name CATCH DIGITAL STRATEGY
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
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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 11/20/2024	Payee name CROSBY OTTENHOFF GROUP
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Amount (\$) \$2,526.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
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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.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 9/13	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
4 Date 12/18/2024	5 Payee name CROSBY OTTENHOFF GROUP	
6 Amount (\$) \$587.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	Payee name HOLTZMAN VOGEL, PLLC	
Amount (\$) \$513.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15405 JOHN MARSHALL HIGHWAY HAYMARKET, VA 20169	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name PINE COVE CAPITAL, LLC	
Amount (\$) \$175.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 601 CONGRESS AVE STE 300 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA SERVICES
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.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 10/13	2 FILER NAME RESTORE TRUST TEXAS (RTT)	3 Filer ID (Ethics Commission Filers) 00087452
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4 Date 12/10/2024	5 Payee name PINE COVE CAPITAL, LLC
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6 Amount (\$) \$1,456.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 601 CONGRESS AVE STE 300 AUSTIN, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA SERVICES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/04/2024	Payee name SENTINEL STRATEGIC ADVISORS, LLC
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Amount (\$) \$2,236.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 20036
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/18/2024	Payee name SENTINEL STRATEGIC ADVISORS, LLC
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Amount (\$) \$1,209.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1250 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 20036
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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.

1 Total pages Schedule F4: Sch: 1/2 Rpt: 11/13		2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452	
4 CREDIT CARD ISSUER		Name of financial institution AMERICAN EXPRESS		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$48.71	(b) Date of Charge 12/13/2024	(c) Date(s) Credit Card Issuer Paid 12/19/2024	
7 PAYEE		(a) Payee name SOUTH CONGRESS HOTEL		(b) Payee address; City, State, Zip Code 1603 S CONGRESS AVE AUSTIN, TX 78704	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description PARKING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$38.38	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid 11/21/2024	
PAYEE		(a) Payee name GOOGLE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description DATA SERVICES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$38.38	(b) Date of Charge 12/01/2024	(c) Date(s) Credit Card Issuer Paid 12/19/2024	
PAYEE		(a) Payee name GOOGLE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description DATA SERVICES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 2/2 Rpt: 12/13	2	FILER NAME RESTORE TRUST TEXAS (RTT)	3	Filer ID (Ethics Commission Filers) 00087452
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$2,405.64	(b) Date of Charge 12/16/2024	(c) Date(s) Credit Card Issuer Paid 12/19/2024	
7	PAYEE	(a) Payee name SOUTH CONGRESS HOTEL		(b) Payee address; City, State, Zip Code 1603 S CONGRESS AVE AUSTIN, TX 78704	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description FOOD / BEVERAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$256.00	(b) Date of Charge 11/15/2024	(c) Date(s) Credit Card Issuer Paid 12/19/2024	
PAYEE		(a) Payee name USPS		(b) Payee address; City, State, Zip Code 475 L'ENFANT PLAZA SW WASHINGTON, DC 20260	
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 13/13
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 Date 10/30/2024	5 Name of person from whom amount is received AMERICAN EXPRESS	8 Amount (\$) \$56.16
	6 Address of person from whom amount is received; City; State; Zip Code NEW YORK, NY 10285	
	7 Purpose for which amount is received CASH REBATE <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/23/2024	Name of person from whom amount is received AMERICAN EXPRESS	Amount (\$) \$2.23
	Address of person from whom amount is received; City; State; Zip Code NEW YORK, NY 10285	
	Purpose for which amount is received CASH REBATE <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/06/2024	Name of person from whom amount is received RESTORE TRUST PAC	Amount (\$) \$128.00
	Address of person from whom amount is received; City; State; Zip Code AUSTIN, TX 78755	
	Purpose for which amount is received REIMBURSEMENT FOR PO BOX RENEWAL <input type="checkbox"/> Check if political contribution returned to filer	