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) 00084447 3 COMMITTEE NAME **OFFICE USE ONLY** Fair Shot Texas PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1106 Lavaca Suite 200 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Rick NAME NICKNAME LAST **SUFFIX** Levy STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1106 Lavaca St. Ste. 200 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1106 Lavaca St. Ste. 200 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 922-6506 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Fair Shot Texas PAC			00084447	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	7. Supported		
		B. Opposed		
	3. Officeholders Assisted	Mihaela Plesa State Represen	tative	
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	53,000.00
EXPENDITURE	`	D POLITICAL EXPENDITURES	\$	809.55
TOTALS				609.55
	4. TOTAL POLITICA	L EXPENDITURES	\$	80,409.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	261,360.38
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			 	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Ric	ck Levy	
		Signature of Car		rer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 3 01 21
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Fair Shot Texas PAC				00084447	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Averie Bishop State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Solomon Ortiz Jr. 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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Elizabeth Ginsberg 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			
	Officeholders Assisted (Identify by name or, if)				
	applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 21

					Fage 4 01 21
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Fair Shot Texas PAC				00084447	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kristian Carranza State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY		A. Supported	Laurel Swift State Represent	ative	
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	,	B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

					5 0f 21
17 COMMITTEE NAME 18 Filer ID					nics Commission Filers)
Fair Shot Texas PAC 00084447					
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	52,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	500.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	79,856.69
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	553.14
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	250.00

6 Contributor address; City; State; Zip Code Washington, DC 20001-2760 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: C00027342 Amount of Contribution (\$)		MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Fair Shot Texas PAC 4 Date 5 Full name of contributor X out-of-state PAC (ID#: C00002089) 7 Amount of Contribution (\$) 11/05/2024 Communications Workers of America-COPE Political Contributions \$50,000.00 6 Contributor address; City; State; Zip Code Washington, DC 20001-2760 9 Employer (See Instructions) Date 12/18/2024 International Brotherhood of Electrical Workers Political Action Committee Contributor address; City; State; Zip Code Washington, DC 20001-3886 Washington, DC 20001-3886		The Instruction Guide explains how to complete this form.	
The second of t	2		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date 12/18/2024 Full name of contributor International Brotherhood of Electrical Workers Political Action Committee Contributor address; City; State; Zip Code Washington, DC 20001-3886	4	11/05/2024 Communications Workers of America-COPE Political Contrib	
Date Full name of contributor x out-of-state PAC (ID#: C00027342) Amount of Contribution (\$) 12/18/2024 International Brotherhood of Electrical Workers Political Action Committee Contributor address; City; State; Zip Code Washington, DC 20001-3886			
12/18/2024 International Brotherhood of Electrical Workers Political Action Committee Contributor address; City; State; Zip Code Washington, DC 20001-3886	8	Principal occupation / Job title (See Instructions) 9 Employer ((See Instructions)
		12/18/2024 International Brotherhood of Electrical Workers Political Actio Contributor address; City; State; Zip Code	
			(See Instructions)

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Fair Shot Texas PAC 00084447 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 12/31/2024 Texas AFL-CIO 500.00

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/13 Rpt: 8/21	Fair Shot Texas PAC 00084447
4 Date	5 Payee name
11/01/2024	AFL-CIO Health and Welfare Fund
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,145.26	230 Lexington Green Circle
Expenditure from corporate funds	Lexington , KY 40503
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Staff health insurance
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	⊣
 Date	Payee name
12/02/2024	AFL-CIO Health and Welfare Fund
Amount (\$)	Payee address; City; State; Zip Code
\$1,145.26	230 Lexington Green Circle
Ψ1,140.20	200 Loxington Groon Girolo
Expenditure from corporate funds	Lexington , KY 40503
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Staff health insurance
	Stall Health insurance
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Dove name
12/09/2024	Payee name American Express
	·
Amount (\$)	Payee address; City; State; Zip Code
\$394.00	200 Vesey St
Expenditure from corporate funds	New York, NY 10285
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
LAI LABITORE	Check if Austin, TX, officeholder living expense
	Credit card payment
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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplet	e this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 2/13 Rpt: 9/21	Fair Shot Texas PAC			00084447	
4 Date	5 Payee name		<u> </u>		
11/09/2024	American Express				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$1,725.36	200 Vesey St				
Expenditure from corporate funds	New York, NY 10285				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OF EXPENDITURE	Credit Card Payment	[Check if travel outside		
			Check if Austin, TX,		expense
		`	Credit card payn	ieni	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office he	nld
expenditure to benefit C/O		agrit		Office file	au
<u> </u>					
Date	Payee name				
12/09/2024	American Printing				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$254.32	1606 Headway Circle				
Expenditure from corporate funds	Austin, TX 78754				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) r	Description		
OF	Printing Expense] ` [Check if travel outside	de of Texas. Com	plete Schedule T.
EXPENDITURE		[Check if Austin, TX,		expense
			Thank you notes	5	
		<u> </u>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ught		Office he	eld
'					
Date	Payee name				
10/31/2024	Angle Mastagni Mathews Political Strategies L	.LC			
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$2,000.00	507 N Sylvania Ave				
Evnanditura from					
Expenditure from corporate funds	Fort Worth, TX 76111				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OF EXPENDITURE	Advertising Expense		Check if travel outside		
LA LIBITORE		ĺĺ	Check if Austin, TX,		
		'	Voter calls - in-ki	iiiu to Elizat	eur Girisberg
Commission Chill V M alling in	Condidate/Officeholder 95			Off: 1	al al
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ugnt		Office he	eiu
•					

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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/13 Rpt: 10/21	Fair Shot Texas PAC 00084447
4 Date	5 Payee name
10/31/2024	Angle Mastagni Mathews Political Strategies LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,488.00	507 N Sylvania Ave
Expenditure from corporate funds	Fort Worth, TX 76111
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Voter calls - in-kind to Averie Bishop
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/31/2024	Angle Mastagni Mathews Political Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	507 N Sylvania Ave
Expenditure from corporate funds	Fort Worth, TX 76111
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Voter calls - in-kind to Kristian Carranza
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/31/2024	Angle Mastagni Mathews Political Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	507 N Sylvania Ave
Expenditure from corporate funds	Fort Worth, TX 76111
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Voter calls - in-kind to Solomon Ortiz Jr Campaign
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/13 Rpt: 11/21	Fair Shot Texas PAC 00084447
4 Date	5 Payee name
10/31/2024	Angle Mastagni Mathews Political Strategies LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	507 N Sylvania Ave
Expenditure from corporate funds	Fort Worth, TX 76111
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Voter calls - in-kind to Mihaela Plesa Campaign
	Potes can be a minuted at 1 local can parign
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	'
Date	Payee name
11/08/2024	Angle Mastagni Mathews Political Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	507 N Sylvania Ave
42,000.00	
Expenditure from corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Voter calls - in-kind to Mihaela Plesa Campaign
	Voter dans in third to minderal resid dampaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/09/2024	Brady & Peavey
Amount (\$)	Payee address; City; State; Zip Code
\$875.00	Box 12715, Capitol Station
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Legal retainer
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

SCHEDULE F1

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

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/13 Rpt: 12/21	Fair Shot Texas PAC 00084447
4 Date	5 Payee name
11/05/2024	Collin County Democratic Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	6829 K Ave #111
Expenditure from corporate funds	Plano, TX 75074
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office rent
	Office Territ
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/19/2024	Gutierrez, Sarah
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	401 Middle Creek Drive
Expenditure from corporate funds	Buda, TX 78610
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Operations consulting
	Operations consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/10/2024	Gutierrez, Sarah
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	401 Middle Creek Drive
- 10.	
Expenditure from corporate funds	Buda, TX 78610
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Operations consulting
	Operations consulting
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 - 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

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: 6/13 Rpt: 13/21	Fair Shot Texas PAC 00084447
4 Date	5 Payee name
10/31/2024	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$270.81	Po Box 409101
— Consenditure from	
Expenditure from corporate funds	Ogden, UT 84409
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Payroll taxes
	T dyron taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/15/2024	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$270.81	Po Box 409101
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll taxes
	T dyron taxos
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
11/29/2024	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$270.81	Po Box 409101
Evponditure from	
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Payroll taxes
	r ayıdı taxes
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 -

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

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: 7/13 Rpt: 14/21	Fair Shot Texas PAC 00084447
4 Date	5 Payee name
12/13/2024	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$270.81	Po Box 409101
Funanditura from	
Expenditure from corporate funds	Ogden, UT 84409
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payroll taxes
	Payroll taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
12/31/2024	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$270.81	Po Box 409101
Expenditure from	
corporate funds	Ogden, UT 84409
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Payroll taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/29/2024	LPS
Amount (\$)	Payee address; City; State; Zip Code
\$1,887.91	4301 50th St NW, Ste 300 PMB 1094
Expenditure from	
corporate funds	Washington, DC 20016
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Digital advertising - in-kind to Solomon Ortiz Jr Campaign
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
3p 3	

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:			
Sch: 8/13 Rpt: 15/21	Fair Shot Texas PAC 00084447		
4 Date	5 Payee name		
10/29/2024	LPS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,395.30	4301 50th St NW, Ste 300 PMB 1094		
Expenditure from corporate funds	Washington, DC 20016		
	-		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Digital advertising - in-kind to Mihaela Plesa		
	Campaign		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
10/29/2024	LPS		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,449.90	4301 50th St NW, Ste 300 PMB 1094		
Expenditure from corporate funds	Washington, DC 20016		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Digital advertising - in-kind to Averie Bishop		
	Campaign		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	H		
Date	Payee name		
10/29/2024	LPS		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,666.89	4301 50th St NW, Ste 300 PMB 1094		
Ψ1,000.03	4001 30th 3t 1444, 3te 300 1 Mib 1034		
Expenditure from	Weekington DO 20016		
corporate funds	Washington, DC 20016		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Digital advertising - in-kind to Laurel Swift Campaign		
	Digital advertising - III-kind to Ladiel Switt Campaign		
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to con	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 9/13 Rpt: 16/21	Fair Shot Texas PAC	00084447		
4 Date	5 Payee name	I		
11/01/2024	Message Audience Presentation			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$7,962.40	2400 S. 4th St			
,				
Expenditure from corporate funds	Austin, TX 78704			
8 PURPOSE		(b) Description		
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	rational and a second	Check if Austin, TX, officeholder living expense		
		Direct mail - in-kind to Averie Bishop Campaign		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held		
experialiture to benefit C/O	1			
Date	Payee name			
11/01/2024	Message Audience Presentation			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$5,103.98	2400 S. 4th St			
Expenditure from corporate funds	Austin, TX 78704			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Direct mail - in-kind to Mihaela Plesa Campaign		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held		
Date	Payee name			
11/01/2024	Message Audience Presentation			
Amount (\$)	Payee address; City; State; Zip Code			
\$11,990.69	2400 S. 4th St			
Evponditure from				
Expenditure from corporate funds	Austin, TX 78704			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE		Check if Austin, TX, officeholder living expense		
		Direct mail - in-kind to Solomon Ortiz Jr. Campaign		
Complete CMI V if direct	Condidate/Officeholder nerse	obt Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 10/13 Rpt: 17/21	Fair Shot Texas PAC 00084447	
4 Date	5 Payee name	
11/01/2024	Message Audience Presentation	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3,223.09	2400 S. 4th St	
Expenditure from		
corporate funds	Austin, TX 78704	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Pledge to vote cards	
	r leage to vote cards	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	-	
Date	Payee name	
10/30/2024	Quickbooks	
Amount (\$)	Payee address; City; State; Zip Code	
\$128.99	2632 Marine Way	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Accounting and payroll processing software	
	n to containing and payron proceeding continued	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
12/02/2024	Quickbooks	
Amount (\$)	Payee address; City; State; Zip Code	
\$128.99	2632 Marine Way	
Expenditure from corporate funds	Mountain View, CA 94043	
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 Accounting and payroll processing software	
	Accounting and payron processing software	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By Gift/A
Candidate/Officeholder/Political Committee Legal

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 11/13 Rpt: 18/21	Fair Shot Texas PAC	00084447		
4 Date	5 Payee name			
12/30/2024	Quickbooks			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de		
\$128.99	2632 Marine Way			
Expenditure from				
corporate funds	Mountain View, CA 94043			
8 PURPOSE OF	, , ,	(b) Description		
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Accounting and payroll processing software		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held		
expenditure to benefit C/O	4			
Date	Payee name			
11/04/2024	San Antonio Central Labor Council			
Amount (\$)	Payee address; City; State; Zip Coo	de		
\$250.00	9502 Computer Dr #201			
	·			
Expenditure from corporate funds	San Antonio, TX 78229			
PURPOSE OF	, , ,	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Office rent		
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght Office held		
expenditure to benefit C/OI				
Date	Payee name			
11/26/2024	Target			
Amount (\$)	Payee address; City; State; Zip Cod	de		
\$11.90	18700 Limestone Commercial Dr, Ste 100			
Expenditure from corporate funds	Pflugerville, TX 78660			
PURPOSE	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin TX officeholder living expanse.		
		Check if Austin, TX, officeholder living expense Paper		
		i apoi		
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held		
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 12/13 Rpt: 19/21	Fair Shot Texas PAC 00084447		
4 Date	5 Payee name		
10/31/2024	Waters, Katy		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$3,540.00	401 Little Texas Ln		
	Apt 1931		
Expenditure from corporate funds	Austin, TX 78745		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		
_/	Check if Austin, TX, officeholder living expense		
	Salary		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experientare to benefit ever			
Date	Payee name		
11/15/2024	Waters, Katy		
Amount (\$)	Payee address; City; State; Zip Code		
\$3,540.00	401 Little Texas Ln		
	Apt 1931		
Expenditure from corporate funds	Austin, TX 78745		
PURPOSE			
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Salary		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	⊣		
Date	Payee name		
11/29/2024	Waters, Katy		
Amount (\$)			
\$3,540.00	401 Little Texas Ln		
Expenditure from	Apt 1931		
corporate funds	Austin, TX 78745		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	Salary		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/13 Rpt: 20/21	Fair Shot Texas PAC	00084447
4 Date	5 Payee name	
12/13/2024	Waters, Katy	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$3,540.00	401 Little Texas Ln	
Expenditure from	Apt 1931	
corporate funds	Austin, TX 78745	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	Ч	
Date	Payee name	
12/31/2024	Waters, Katy	
Amount (\$)	Payee address; City; State; Zip C	Code
\$3,540.00	401 Little Texas Ln	
Expenditure from	Apt 1931	
corporate funds	Austin, TX 78745	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	Н	
Date	Payee name	
11/05/2024	Waters, Katy	
Amount (\$)	Payee address; City; State; Zip C	Code
\$1,190.00	401 Little Texas Ln	
— Emanditus from	Apt 1931	
Expenditure from corporate funds	Austin, TX 78745	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Retirement contribution
		Notiferical Contribution
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		Sag Since note

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 21/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Fair Shot Texas PAC 00084447 8 Amount (\$) Date 5 Name of person from whom amount is received 10/30/2024 Vonlane \$125.00 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75219 Purpose for which amount is received Check if political contribution returned to filer Ticket refund Amount (\$) Name of person from whom amount is received Date 10/30/2024 Vonlane \$125.00 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75219 Purpose for which amount is received Check if political contribution returned to filer Ticket refund