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) 00088841 3 COMMITTEE NAME **OFFICE USE ONLY** Padfoot PAC Date Received **ELECTRONICALLY FILED** 01/09/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 820 Gessner Road Date Hand-delivered or Date Postmarked Suite 300 Change of Address Houston, TX 77024 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Esther Kristina NAME NICKNAME LAST **SUFFIX** Davidson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 820 Gessner Road STREET **ADDRESS** Suite 300 (Residence or Business) Houston, TX 77024 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 820 Gessner Road MAILING **ADDRESS** Suite 300 Houston, TX 77024 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 766-2424 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

2 COMMITTEE NAME		م ا	
Padfoot PAC			3 Filer ID (Ethics Commission Filers) 00088841
	1 Candidatas	A. Supported	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
(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	The Honorable Schwertner Charle	les State Senator
	Assisted (Identify by name or, if applicable, classify by party.)		
CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$ 0.0
	2. TOTAL POLITICA		
	(OTHER THAN PLE	OGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,000.0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$ 0.0
	4. TOTAL POLITICA	EXPENDITURES	\$ 17,000.0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	ONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 7,528.3
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS OF THE EPORTING PERIOD	\$ 0.0
6 AFFIDAVIT	l		
		I swear, or affirm, under penalty of perjur true and correct and includes all informat under Title 15, Election Code.	
		Mar Fall and Car	No. De Mari
		Mrs. Esther Kristi Signature of Campa	
		Signature of Campa	baign freasurer
AFFIX NOTARY	STAMP / SEAL ABOVE		
Sworn to and subscribed	l before me, by the said	, this	s the day
of	_, 20, to certify \	hich, witness my hand and seal of office.	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 9

			rage 3 01 9
12 COMMITTEE NAME		13	3 Filer ID (Ethics Commission Filers)
Padfoot PAC			00088841
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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.))	The Honorable Mano DeAyala Sta	te Representative
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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.)		The Honorable Senfronia Thompso	on State Representative
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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.)		The Honorable Dade Phelan State	Representative
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

12 COMMITTEE ACTIVITY (Attach lists on plain pager to complete this report if necessary.) 2. Measures (Describe by farmer et. it apported fiscales and plain pager to complete this report of necessary.) 2. Measures (Describe by farmer et. it apported (Describe by farmer et. it apported (Describe by farmer et. it apported (Describe by farmer) B. Opposed 1. Confiditers Assisted (Describe by farmer et. it apported (Describe by farmer) B. Opposed 1. Confiditers Activity (Attach lists on plain pager to complete this report if necessary.) 2. Measures (Describe by farmer et. it apported of election and based o						Page 4 of 9
1. Candidates (dentity by name or, if applicable, classify by party.) A. Supported (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and bocation of election and nature or issue.) 3. Officeholders Assisted (Generity by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of fabric by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Activity A. Supported (Bendiy by name or, if applicable, classify by party.) B. Opposed B. Opposed 3. Opposed 3. Opposed B. Opposed B. Opposed B. Opposed B. Opposed The Honorable Cole Hefner State Representative A Supported Clearly by name or, if applicable, classify by party.) B. Opposed The Honorable Cole Hefner State Representative A Supported Clearly by name or, if applicable, classify by party.)	12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) E. Opposed Describe by date and location of election and nature of issue.) B. Opposed A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 3. Officeholders ACTIVITY 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed The Honorable Cole Hefner State Representative ACTIVITY A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed The Honorable Cole Hefner State Representative (Identify by name or, if applicable, classify by name or, if applicabl	Padfoot PAC				00088841	
paper to complete this report if necessary.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed A. Supported A. Supported B. Opposed B. Opposed A. Supported B. Opposed The Honorable Pete Flores State Senator A Supported B. Opposed B. Opposed The Honorable Cole Hefner State Representative A Supported The Honorable Cole Hefner State Representative A Supported The Honorable Cole Hefner State Representative	(Attach lists on plain	l .				
Describe by date and location of election and nature of issue.	paper to complete this					
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed The Honorable Cole Hefner State Representative Assisted (Identify by name or, if		(Describe by date and location of election and				
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed B. Opposed The Honorable Cole Hefner State Representative Assisted (Identify by name or, if			B. Opposed			
(Attach lists on plain paper to complete this report 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 The Honorable Cole Hefner State Representative (Identify by name or, if		Assisted (Identify by name or, if		The Honorable Pete Flores Stat	te Senator	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	ACTIVITY	(Identify by name or, if				
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if		(Describe by date and location of election and				
Assisted (Identify by name or, if			B. Opposed			
applicable, classify by party-)		Assisted (Identify by name or, if		The Honorable Cole Hefner Sta	te Representat	ive

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

	5 of 9								
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commiss	sion Filers)				
Pao	dfoot P	•	,						
10 50	Padfoot PAC 00088841 19 SCHEDULE SUBTOTALS								
l		SCHEDULE		SUBTOTAL	_ AMOUNT				
INA	IVIL OI	SCHEDOLE							
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,000.00				
	ш_				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		COLIED HE AS NON MONETARY (IN KIND) POLITICAL CONTRIBUTIONS							
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$					
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$					
	Ш	LABOR ORGANIZATION		ľ					
		COUEDULE CO. MONETARY CURRORT FROM CORRORATION OR LAROR ORG	ANUZATIONI						
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR							
7.		ORGANIZATION		\$					
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$					
9.	П	SCHEDULE E: LOANS		\$					
]	Ш	CONEDULE L. LOVINO		•					
10		COLUED III E E4. DOLUTION EVENNITURES EDOM DOLUTION CONTRIBUTION	0		10 000 00				
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	12,000.00				
11.			\$						
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		l _e	5,000.00				
10.		CONEDULE 1. EXCENSIONES WINDE DI CNEDIT CHIND		\$	3,000.00				
		COLLEGE IS NOW DOUGLOAD EVEN INTERPRETATION OF THE OWN DOUGLOAD CONTRIBUTION	ONIC						
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	JNS	\$					
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$					
-				l					
i									

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 1/1 Rpt: 6/9		
2	FILER NAME Padfoot PAC				3	Filer ID (Ethics Commission 00088841	on Filers)	
4				7	Amount of Contribution (\$)	\$2,500.00		
_		Houston, TX 77024						
8	Principal occu Manager	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Date 11/20/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00	
	Houston, TX 77024 Principal occupation / Job title (See Instructions) Manager Employer (See Instructions)							
	Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 Davidson, Ross (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00		
	Principal occu Manager	Houston, TX 77024 pation / Job title (See Instructions)		Employer (See Instructions	i)			
	Date 11/11/2024	Full name of contributor out-of-state Davidson, Ross (Mr.) Contributor address; City; State; Zip Code Houston, TX 77024				Amount of Contribution (\$)	\$5,000.00	
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 11/22/2024	Full name of contributor out-of-state Davidson, Ross (Mr.) Contributor address; City; State; Zip Code Houston, TX 77024	PAC (ID#:			Amount of Contribution (\$)	\$2,500.00	
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
			•					

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

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

t 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 7/9	Padfoot PAC 00088841
	L
4 Date	5 Payee name
12/11/2024	Cole Hefner for State Representative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 167
Expenditure from	Mount Dioceant TV 75456
corporate funds	Mount Pleasant, TX 75456
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
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
11/20/2024	Mano DeAyalya Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	12335 Kingsride Lane
φ500.00	
Expenditure from	#416
corporate funds	Houston, TX 77024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	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
12/04/2024	Pete Flores Campaign
	· -
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1 E Greenway Plaza
	Ste. 225
Expenditure from corporate funds	Houston, TX 77046
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	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage 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: 2/2 Rpt: 8/9	Padfoot PAC 00088841					
4 Date	5 Payee name					
11/25/2024	Senfronia Thompson Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	4828 Loop Central Dr					
	#600					
Expenditure from corporate funds	Houston, TX 77081					
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					
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
10/29/2024	Texans for Charles Schwertner					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,500.00	PO Box 2448					
Ψ2,300.00	1 0 800 2440					
Expenditure from corporate funds	Georgetown, TX 78627					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.					
	Campaign Contribution					
	Campaigh Continuation					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/11/2024	Texans for Dade Phelan					
Amount (\$)	Payee address; City; State; Zip Code					
\$5,000.00	P.O. Box 848					
Expenditure from						
corporate funds	Nederland, TX 77627					
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 Continuation					
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI						

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		Fees Food/Beverage Expense Gift/Awards/Memorials Expense		Office Overhead/Rental Expense TI Polling Expense TI Printing Expense TI	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)			
L	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 1/1 Rpt: 9/9	Padfoot PAC			00088841			
4	CREDIT CARD ISSUER		ancial institution se Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	Expenditure from corporate funds	\$2,500.00	12/12/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		Robert Nichols for	Tayas Sanata	P.O. Box 2347				
		LODGIT MICHOLD IOL	renas seriale					
Ļ		(-) O-+-		Jacksonville, TX 75766				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	o of this schedule)	(b) Description				
		Contributions/Donati	ons Made By	Campaign Contribution				
	X Political	Candidate/Officehold						
	Non-Political		e of Texas. Complete Schedule	—	officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholde	r name O	ffice sought	Office held			
	xpenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Daid			
	Expenditure from			(c) Date(s) Credit Card issue	ı r aıü			
	corporate funds	\$2,500.00	12/12/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		Friends of Brando	n Creighton	2257 N. Lopp 336				
		Titliac of Brandon	- · - · g · · · · · ·	Ste. 140-366				
_	PURPOSE OF	(a) Category		Conroe, TX 77304 (b) Description				
	EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Campaign Contribution				
	X Political							
	Non-Political			' 				
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholde	r name	Check if Austin, TX, officeholder living expense fice sought Office held				
e	xpenditure to benefit C/OH	u.uato/ Omocnoide		·8···				