

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00058340	2 Total pages filed: 10	OFFICE USE ONLY	
3 COMMITTEE NAME Texans for Toll-free Highways	Date Received ELECTRONICALLY FILED 01/07/2025		
4 TREASURER NAME Sartor, Sudie	Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Date Processed
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Imaged
6 ORIGINAL PERIOD COVERED	Month Day Year 10/27/2024	THROUGH	Month Day Year 12/31/2024

7 EXPLANATION OF CORRECTION
 I MISTAKENLY FILED MY REPORT WITHOUT ADDING A DONATION MADE BY CHECK FOR \$300. I REALIZED THE MISTAKE JUST MINUTES AFTER I HAD FILED TODAY, JANUARY 7, 2024 AT 5:08:27PM. SINCE THE CORRECTION IS BEFORE THE DEADLINE OF JANUARY 15, 2024, THERE SHOULD BE NO FINE.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Sudie Sartor

 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00058340	2 Total pages filed: 10
3 COMMITTEE NAME Texans for Toll-free Highways		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/07/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 317 Sidney Baker S, Suite 400-308 Kerrville, TX 78028		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Sudie	
		NICKNAME	LAST SUFFIX
		Sartor	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3530 Eva Jane San Antonio, TX 78261		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(210) 488-5412	
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 Texans for Toll-free Highways	13 Filer ID (Ethics Commission Filers) 00058340
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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)	\$ 40.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 675.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 48.32
	4. TOTAL POLITICAL EXPENDITURES	\$ 724.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,559.37
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.

Sudie Sartor

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

17 COMMITTEE NAME Texans for Toll-free Highways		18 Filer ID (Ethics Commission Filers) 00058340
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 675.00
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	\$ 724.46
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/10
2 FILER NAME Texans for Toll-free Highways		3 Filer ID (Ethics Commission Filers) 00058340
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulger, Linda	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78258		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulger, Linda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Chris	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78261		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Chris	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78261		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon Borel , Linda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78260		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/10
2 FILER NAME Texans for Toll-free Highways		3 Filer ID (Ethics Commission Filers) 00058340
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon Borel , Linda <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) retired
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLOZA, JAMES <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marburger , Thomas <hr/> Contributor address; City; State; Zip Code BRENHAN, TX 77833	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps, Kenneth <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, DAVID <hr/> Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/10
2 FILER NAME Texans for Toll-free Highways		3 Filer ID (Ethics Commission Filers) 00058340
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, DAVID <hr/> 6 Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED

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: 1/3 Rpt: 8/10	2 FILER NAME Texans for Toll-free Highways	3 Filer ID (Ethics Commission Filers) 00058340
4 Date 10/29/2024	5 Payee name CONSTANT CONTAC	
6 Amount (\$) \$167.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1601 TRAPELO RD WALTHAM, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 WEBSITE/EMAILS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name CONSTANT CONTAC	
Amount (\$) \$5.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 TRAPELO RD WALTHAM, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 WEBSITE/EMAILS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name CONSTANT CONTAC	
Amount (\$) \$5.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 TRAPELO RD WALTHAM, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 WEBSITE/EMAIL
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: 2/3 Rpt: 9/10	2 FILER NAME Texans for Toll-free Highways	3 Filer ID (Ethics Commission Filers) 00058340
4 Date 11/29/2024	5 Payee name CONSTANT CONTAC	
6 Amount (\$) \$167.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1601 TRAPELO RD WALTHAM, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 WEBSITE/EMAIL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2024	Candidate/Officeholder name Office sought Office held	
Payee name CONSTANT CONTAC		
Amount (\$) \$167.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 TRAPELO RD WALTHAM, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 WEBSITE/EMAIL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/25/2024	Candidate/Officeholder name Office sought Office held	
Payee name DailyRazor.com		
Amount (\$) \$83.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4500 Forbes Blvd, Ste 200 Lanham, TX 20706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 WEBSITE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 3/3 Rpt: 10/10	2 FILER NAME Texans for Toll-free Highways	3 Filer ID (Ethics Commission Filers) 00058340
4 Date 12/18/2024	5 Payee name Ticketleap	
6 Amount (\$) \$80.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10675 Perry Hwy #1316 Wexford, PA 15090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 TEXAS GRASSROOTS CONSERVATIVE COALITION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held