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) 00083850 3 COMMITTEE NAME **OFFICE USE ONLY Texas Forever Forward** Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 91047 Date Hand-delivered or Date Postmarked Change of Address San Antonio, TX 78209 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** The Honorable Wallace B. NAME NICKNAME LAST **SUFFIX** Jefferson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 515 Congress Ave Ste. 2350 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 515 Congress Ave Ste. 2350 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 826-7979 x118 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 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)
Texas Forever Forwa	rd		00083850	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Marc Whyte S	an Antonio City	Council
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,374.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	367.12
	4. TOTAL POLITICA	L EXPENDITURES	\$	142,712.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	904,720.23
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		The Honorable W	Vallace B. Jeffer	son
		Signature of Ca	ımpaign Treasure	r
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
		, t	his the	day
		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 61
7 COMMITTEE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Forever Forward	00083850	
9 SCHEDULE SUBTOTALS NAME OF SCHEDULE	•	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,374.80
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION CORGANIZATION	OR LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COLLABOR ORGANIZATION	ORPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR	OR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR ORGANIZATION	RLABOR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR I	LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIL	BUTIONS	\$ 133,386.33
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 7,442.28
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONT	TRIBUTIONS	\$
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 9,325.79
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONT	TRIBUTIONS	\$
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE.	JTIONS RETURNED	\$ 10,046.43

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	EDULE A1	
	The Instru	uction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/4 Rpt: 4/61		
2	FILER NAME Texas Forev	LER NAME exas Forever Forward			3	Filer ID (Ethics Commission 00083850	ı Filers)	
4	Date 07/26/2024			7	Amount of Contribution (\$)	\$10.00		
_	5	Austin, TX 78747-1660						
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<u></u>			
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:) Dudley, Kris (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00	
	Principal occu Retired	Austin, TX 78747-1660 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>			
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:) Dudley, Kris (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Austin, TX 78747-1660 pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 10/26/2024	Full name of contributor Dudley, Kris (Ms.) Contributor address; City; State Austin, TX 78747-1660		Retired		Amount of Contribution (\$)	\$10.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			
	Date 11/26/2024	Full name of contributor Dudley, Kris (Ms.) Contributor address; City; State Austin, TX 78747-1660	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$10.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/61		
2	FILER NAME Texas Forev	ELER NAME Fexas Forever Forward			3	Filer ID (Ethics Commission 00083850	Filers)	
4	Date 12/26/2024			7	Amount of Contribution (\$)	\$10.00		
_		Austin, TX 78747-1660	. 1	_				
8	Principal occu Retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions Retired	5)		
	Date 07/24/2024	Full name of contributor Holmes, Mark (Mr.) Contributor address; City; S)	•	Amount of Contribution (\$)	\$20.00
		Dallas, TX 75238-3301						
	Principal occupation / Job title (See Instructions) Tax Director Employer (See Instructions) Lennox International			Employer (See Instructions Lennox International	s)			
	Date 08/24/2024	Full name of contributor out-of-state PAC (ID#:) Holmes, Mark (Mr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00		
		Dallas, TX 75238-3301						
	Principal occu Tax Director	pation / Job title (See Instructions	5)		Employer (See Instructions Lennox International	s)		
	Date 09/24/2024	Full name of contributor Holmes, Mark (Mr.) Contributor address; City; S)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Tax Director	Dallas, TX 75238-3301 pation / Job title (See Instructions	5)		Employer (See Instructions Lennox International	<u> </u> s)		
	Date 10/24/2024	Full name of contributor Holmes, Mark (Mr.) Contributor address; City; S Dallas, TX 75238-3301)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Tax Director	pation / Job title (See Instructions	s)		Employer (See Instructions Lennox International	5)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/61	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Forev	er Forward				00083850	
4	Date 11/24/2024	5 Full name of contributor Holmes, Mark (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Dallas, TX 75238-3301 pation / Job title (See Instruction:	5) 9	Employer (See Instructions)		
	Tax Director		3)	Lennox International	')		
	Date 12/27/2024	Full name of contributor Holmes, Mark (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Dallas, TX 75238-3301					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Tax Director			Lennox International			
	Date 07/10/2024	Full name of contributor Howard, Pamela (Mrs.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78212-2	573				
	Principal occu	nation / Job title (See Instructions	s)	Employer (See Instructions	<u>. </u>		
	Ranching			Self Employed			
	Date 12/12/2024	Full name of contributor Joe R. Straus Candidate Contributor address; City; S San Antonio, TX 78209)		Amount of Contribution (\$) \$	10,919.80
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	i)		
	Date 08/31/2024	Full name of contributor Lambert, Stan (Mr.) Contributor address; City; S Abilene, TX 79605	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	nation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	State Repres			State of Texas	,		
			l				

	MONET	ARY POLITICAL CON	SCHEDULE A1	
	The Instru	tion Guide explains how to c	complete this form.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/61
2	FILER NAME Texas Forev	er Forward		3 Filer ID (Ethics Commission Filers) 00083850
4	Date 08/31/2024	_ `		7 Amount of Contribution (\$) \$25.00
_		San Antonio, TX 78209-4521		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions) Retired	
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 Lewis, Bill (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00
	Principal occu Retired	Round Rock, TX 78681-7139 pation / Job title (See Instructions)	Employer (See Instructions) Retired	
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 Savoy, Jacquelyn Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00	
		Port Arthu, TX 77642		
	Community	pation / Job title (See Instructions) nvolvement	Employer (See Instructions) Self Employed	
	Date 08/31/2024	Full name of contributor of contributor of contributor address; City; State; Z	zip Code	Amount of Contribution (\$) \$1,000.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions) Retired	

SCHEDULE F1

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

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

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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/38 Rpt: 8/61	Texas Forever Forward	00083850
4 Date	5 Payee name	·
08/13/2024	AT&T Mobility	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$101.88	PO Box 650574	
Expenditure from		
corporate funds	Dallas, TX 75265-0574	
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 Cellular Telephone for Committee Use.
		Constant Cooperation Committee Cooperation
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/19/2024	AT&T Mobility	
Amount (\$)	Payee address; City; State; Zip Co	de
\$231.51	PO Box 650574	
Expenditure from corporate funds	Dallas, TX 75265-0574	
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
		Cellular Telephone for Committee Use.
		·
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
11/11/2024	AT&T Mobility	
Amount (\$)	Payee address; City; State; Zip Co	de
\$112.07	PO Box 650574	
- Funanditura from		
Expenditure from corporate funds	Dallas, TX 75265-0574	
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 Cellular Telephone for Committee Use.
		Celiulal Telephone for Committee Osc.
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		5

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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: 2/38 Rpt: 9/61	Texas Forever Forward 00083850
4 Date	5 Payee name
12/20/2024	AT&T Mobility
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$232.18	PO Box 650574
Expenditure from corporate funds	Dallas, TX 75265-0574
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 Cellular Telephone for Committee Use.
	Cellular relephone for Committee OSC.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Amazon.com
Amount (\$)	Payee address; City; State; Zip Code
\$46.21	705 5th Ave. S.
Expenditure from corporate funds	Seattle, WA 98104
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
	Office Supplies for committee use.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payros namo
10/01/2024	Payee name Amazon.com
Amount (\$) \$57.61	Payee address; City; State; Zip Code 705 5th Ave. S.
φ37.01	700 Out Ave. O.
Expenditure from corporate funds	Seattle, WA 98104
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 supplies for committee use.
	Office supplies for confinitee use.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 3/38 Rpt: 10/61	Texas Forever Forward 00083850
4 Date	5 Payee name
10/31/2024	Brewer, Meredith (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,886.78	2919 Trailend Dr.
Expenditure from corporate funds	San Antonio, TX 78209
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
	Wages for committee services.
	wages for commutee services.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/OI	'
Date	Payee name
07/31/2024	Brewer, Meredith (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,886.77	2919 Trailend Dr.
Expenditure from corporate funds	San Antonio, TX 78209
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 expenses.
	Check if Austin, TX, officeholder living expense Wages for committee services.
	wages for committee services.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date 08/30/2024	Payee name Prower Moradith (Mrs.)
	Brewer, Meredith (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,886.78	2919 Trailend Dr.
Expenditure from corporate funds	San Antonio, TX 78209
	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/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
	Wages for committee services.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4

SCHEDULE F1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/38 Rpt: 11/61	2 FILER NAME Texas Forever Forward 3 Filer ID (Ethics Commission Filers) 00083850
4 Date	5 Payee name
09/30/2024	Brewer, Meredith (Mrs.)
6 Amount (\$) \$1,886.77	7 Payee address; City; State; Zip Code 2919 Trailend Dr.
Ψ1,000.77	2010 Halleha Di.
Expenditure from corporate funds	San Antonio, TX 78209
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
	Wages for committee services.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/29/2024	Brewer, Meredith (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,886.78	2919 Trailend Dr.
Expenditure from corporate funds	San Antonio, TX 78209
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
	Wages for committee services.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/24/2024	Brewer, Meredith (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$6,256.75	2919 Trailend Dr.
40,200.110	2010 Hallolla Bil
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
2/4 2/15/10/1C	Check if Austin, TX, officeholder living expense
	Wages for committee services.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/OI	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

1 Total pages Schedule F1: Sch: 5/38 Rpt: 12/61 Sch: 5/38 Rpt: 12/61 1 Payse a forever Forward 5 Payse name Brewer, Meredith (Mrs.) 6 Amount (8) S1,886.77 S1,886.77 S2919 Trailend Dr. San Antonio, TX 78209 San Antonio, TX 78209 Salaries/Wages/Contract Labor 6 Candidate/Officeholder name Scheduler to benefit C/OH Candidate/Officeholder name S1,386.77 S1,886.77	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Sch: 5/38 Rpt: 12/61	1 Total pages Schedule F1	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
12/31/2024 Brewer, Meredith (Mrs.)		Texas Forever Forward 00083850
Samount (S) Si,886.77 Si	4 Date	5 Payee name
\$1,886.77	12/31/2024	Brewer, Meredith (Mrs.)
Expanditure from corporate funds	6 Amount (\$)	7 Payee address; City; State; Zip Code
Complete ONLY if direct expenditure to benefit C/OH	\$1,886.77	2919 Trailend Dr.
Complete ONLY if direct expenditure to benefit C/OH		
Salaries/Wages/Contract Labor		San Antonio, TX 78209
Salaries/Wages/Contract Labor		(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH		Salaries/Wages/Contract Labor
9 Complete QNLY if direct expenditure to benefit C/OH Date O7/04/2024 Payee name Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code San Antonio, TX 78232 PURPOSE OF EXPENDITURE Date O8/14/2024 (a) Category (See Categories listed at the top of this schedule) Office Sought Office Payee name Monthly IT Support Date O8/14/2024 Payee name O8/14/2024 Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code San Antonio, TX 78232 (b) Description Office Note: If Austin, TX, difficeholder living expense Monthly IT Support Office Payee name Bridgehead, I.T. Amount (\$) Payee name Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code San Antonio, TX 78232 PURPOSE OF Categories listed at the top of this schedule) Office held Date O8/14/2024 Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code San Antonio, TX 78232 PURPOSE OF Categories listed at the top of this schedule) Office Overhead/Rental Expense Monthly IT Support (b) Description Office held (c) Description Office held (d) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Monthly IT Support	EXI ENDITORE	
Date 07/04/2024 Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Monthly IT Support Complete QNLY if direct expenditure to benefit C/OH Date O8/114/2024 Bridgehead, I.T. Amount (\$) Payee aame Bridgehead, I.T. Amount (\$) Payee aame Bridgehead, I.T. Amount (\$) Payee ame Bridgehead, I.T. Amount (\$) San Antonio, TX 78232 PURPOSE OF Expenditure from Corporate funds Complete QNLY if direct expenditure from Corporate funds Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Monthly IT Support		wages for committee services.
Date 07/04/2024 Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Monthly IT Support Complete QNLY if direct expenditure to benefit C/OH Date O8/114/2024 Bridgehead, I.T. Amount (\$) Payee aame Bridgehead, I.T. Amount (\$) Payee aame Bridgehead, I.T. Amount (\$) Payee ame Bridgehead, I.T. Amount (\$) San Antonio, TX 78232 PURPOSE OF Expenditure from Corporate funds Complete QNLY if direct expenditure from Corporate funds Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Monthly IT Support		
O7/04/2024 Bridgehead, I.T. Amount (\$) \$15.59 Payee address; City; State; Zip Code 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Date 08/14/2024 Payee name Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF Expenditure from corporate funds (a) Category (see Categories listed at the top of this schedule) OF Expenditure from corporate funds (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder in Schedule T. Check if Austin, TX, officeh		
O7/04/2024 Bridgehead, I.T. Amount (\$)	Date	Payee name
\$15.59 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support Complete ONLY if direct expenditure to benefit C/OH	07/04/2024	Bridgehead, I.T.
\$15.59 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support Complete ONLY if direct expenditure to benefit C/OH	Amount (\$)	Payee address; City; State; Zip Code
Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description	` ′	
Expenditure from corporate funds Expenditure from corporate funds Expenditure from corporate funds Purpose of Expenditure from corporate funds Purpose of Expenditure San Antonio, TX 78232 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Date O8/14/2024 Payee name Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code \$13.55 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description		
Office Overhead/Rental Expense Office Sought Office held Date		· · · · · · · · · · · · · · · · · · ·
Complete ONLY if direct expenditure to benefit C/OH Date 08/14/2024 Payee name Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code \$15.59 \$15.59 \$1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if Austin, TX, officeholder living expense Monthly IT Support (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support		
Complete ONLY if direct expenditure to benefit C/OH Date 08/14/2024 Payee name Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Monthly IT Support Monthly IT Support Office held Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support	EXPENDITURE	Office Overficaci/Certai Experise
Complete ONLY if direct expenditure to benefit C/OH Date		l 📙 🗀
Date 08/14/2024 Payee name Bridgehead, I.T. Amount (\$) Payee address; City; State; Zip Code 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Monthly IT Support		
Bridgehead, I.T. Amount (\$)		
Bridgehead, I.T. Amount (\$)	D-4-	
Amount (\$) Payee address; City; State; Zip Code 1335 Central Parkway South Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support		
\$15.59		
Suite 100 San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Monthly IT Support	` ,	
Expenditure from corporate funds San Antonio, TX 78232 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support	\$15.59	1335 Central Parkway South
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support	Evponditure from	Suite 100
OF EXPENDITURE Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support		San Antonio, TX 78232
OF EXPENDITURE Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly IT Support		(a) Category (See Categories listed at the top of this schedule) (b) Description
Monthly IT Support		· · · · · · · · · · · · · · · · · · ·
	LAFLINDITURE	
Complete ONLY if direct. Condidate/Officeholder page.		Monthly IT Support
Computate CNU Vitalinest Constitute (Office helder name) Office accordet		
expenditure to benefit C/OH	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	37.50.10.10.10.10.10.10.11.07.01	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	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:		5)
Sch: 6/38 Rpt: 13/61	Texas Forever Forward 00083850	
4 Date	5 Payee name	
09/03/2024	Bridgehead, I.T.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$15.59	1335 Central Parkway South	
	Suite 100	
Expenditure from corporate funds	San Antonio, TX 78232	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Monthly IT Support	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H .	
Date	Payee name	
10/01/2024	Bridgehead, I.T.	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.59	1335 Central Parkway South	
	Suite 100	
Expenditure from corporate funds	San Antonio, TX 78232	
<u> </u>		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Monthly IT Support.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	DH	
Date	Payee name	
11/11/2024	Bridgehead, I.T.	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.59	1335 Central Parkway South	
φ10.09		
Expenditure from	Suite 100	
corporate funds	San Antonio, TX 78232	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
-	Check if Austin, TX, officeholder living expense Monthly IT Support	
	Montainy 11 Support	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	y	
	11: 0	

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

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: 7/38 Rpt: 14/61	Texas Forever Forward 00083850		
4 Date	5 Payee name		
12/01/2024	Bridgehead, I.T.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$15.59	1335 Central Parkway South		
	Suite 100		
Expenditure from corporate funds	San Antonio, TX 78232		
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		
	Monthly IT Support		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/Ol			
Date	Payee name		
07/09/2024	Bush, Mary (Mrs.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$625.00	244 Retama Place		
Expenditure from			
corporate funds	San Antonio, TX 78209		
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 Committee office administrative consultant.		
	Committee onice auministrative consultant.		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
08/01/2024	Bush, Mary (Mrs.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$625.00	244 Retama Place		
Expenditure from corporate funds	San Antonio, TX 78209		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor		
	Committee office administrative consultant.		
	Sommes ones administrative consultant.		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 8/38 Rpt: 15/61	Texas Forever Forward 00083850
4 Date	5 Payee name
09/03/2024	Bush, Mary (Mrs.)
6 Amount (\$) \$625.00	7 Payee address; City; State; Zip Code 244 Retama Place
Ψ023.00	244 Netama Flace
Expenditure from corporate funds	San Antonio, TX 78209
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
	Committee office administrative consultant.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2024	Bush, Mary (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$625.00	244 Retama Place
Expenditure from corporate funds	San Antonio, TX 78209
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
	Committee office administrative consultant.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/30/2024	Bush, Mary (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$625.00	244 Retama Place
Ψ020.00	244 Notaliiu i luoc
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Committee office administrative consultant.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/38 Rpt: 16/61	Texas Forever Forward 00083850
4 Date	5 Payee name
12/06/2024	Bush, Mary (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$625.00	244 Retama Place
Expenditure from	San Antonia, TV 70200
corporate funds	San Antonio, TX 78209
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
	Committee office administrative consultant.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Chase Cardmember Service
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$885.01	PO Box 94014
Expenditure from	
corporate funds	Palatine, IL 60094
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	- Control of the cont
EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payment of credit card bill for committee expenses.
	, i
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
'	
Date	Payee name
08/22/2024	Chase Cardmember Service
Amount (\$)	Payee address; City; State; Zip Code
\$150.85	PO Box 94014
\$150.65	PO BOX 94014
Expenditure from	
corporate funds	Palatine, IL 60094
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Credit Card Payment Credit Card Payment Credit Card Payment
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payment of credit card bill for committee expenses.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 10/38 Rpt: 17/61	Texas Forever Forward 00083850		
4 Date	5 Payee name		
08/26/2024	Chase Cardmember Service		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,307.72	PO Box 94014		
Expenditure from corporate funds	Palatine, IL 60094		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Payment of credit card bill for committee expenses.		
	r dyment of credit card bill for committee expenses.		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
08/27/2024	Chase Cardmember Service		
Amount (\$)	Payee address; City; State; Zip Code		
\$48.17	PO Box 94014		
Expenditure from corporate funds	Palatine, IL 60094		
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.		
	Check if Austin, TX, officeholder living expense Payment of credit card bill for committee expenses.		
	r ayment of clear bill for committee expenses.		
Complete ONLY if direct	Octobridate /Office held		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
09/04/2024	Chase Cardmember Service		
Amount (\$)	Payee address; City; State; Zip Code		
\$96.27	PO Box 94014		
Expenditure from corporate funds	Palatine, IL 60094		
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.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Payment of credit card bill for committee expenses.		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		

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	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/38 Rpt: 18/61	Texas Forever Forward 00083850
4 Date	5 Payee name
09/26/2024	Chase Cardmember Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$661.75	PO Box 94014
Expenditure from corporate funds	Palatine, IL 60094
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment
	Check if Austin, TX, officeholder living expense
	Payment of credit card bill for committee expenses.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/24/2024	Chase Cardmember Service
Amount (\$)	Payee address; City; State; Zip Code
\$330.56	PO Box 94014
Expenditure from corporate funds	Palatine, IL 60094
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Credit Card Payment Credit Card Payment
	Check if Austin, TX, officeholder living expense Payment of credit card bill for committee expenses.
	Payment of credit card bill for committee expenses.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/08/2024	Chase Cardmember Service
Amount (\$)	Payee address; City; State; Zip Code
\$516.82	PO Box 94014
4010.02	1 0 20/ 0 102 1
Expenditure from corporate funds	Palatine, IL 60094
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.
	Check if Austin, TX, officeholder living expense Payment of credit card bill for committee expenses.
	Payment of Cledit Card bill for Committee expenses.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/38 Rpt: 19/61	Texas Forever Forward	00083850
4 Date	5 Payee name	•
11/05/2024	Chase Cardmember Service	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$710.53	PO Box 94014	
Expenditure from		
corporate funds	Palatine, IL 60094	
8 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. Check if Austin, TX, officeholder living expense
		Payment of credit card bill for committee expenses.
		. aymon of order our of the committee of policies.
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
11/08/2024	Chase Cardmember Service	
Amount (\$)	Payee address; City; State; Zip Co	de
\$44.33	PO Box 94014	
Expenditure from corporate funds	Palatine, IL 60094	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment of credit card bill for committee expenses.
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
11/26/2024	Chase Cardmember Service	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,331.79	PO Box 94014	
— Foresediture from		
Expenditure from corporate funds	Palatine, IL 60094	
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.
		Check if Austin, TX, officeholder living expense Payment of credit card bill for committee expenses.
		rayment of credit card bill for committee expenses.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		grit Onice Held

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/38 Rpt: 20/61	Texas Forever Forward	00083850
4 Date	5 Payee name	I
12/04/2024	Chase Cardmember Service	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$1,187.68	PO Box 94014	
Expenditure from corporate funds	Palatine, IL 60094	
8 PURPOSE	<u> </u>	b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Great Gara Faymont	Check if Austin, TX, officeholder living expense
		Payment of credit card bill for committee expenses.
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	1	
Date	Payee name	
12/19/2024	Chase Cardmember Service	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$978.94	PO Box 94014	
Expenditure from corporate funds	Palatine, IL 60094	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Payment of credit card bill for committee expenses.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt Office held
experience to belief even		
Date	Payee name	
12/20/2024	Chase Cardmember Service	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$102.84	PO Box 94014	
Evponditure from		
Expenditure from corporate funds	Palatine, IL 60094	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Payment of credit card bill for committee expenses.
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	•	Office field

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 14/38 Rpt: 21/61	Texas Forever Forward	00083850	
4 Date	5 Payee name		
12/20/2024	Chase Cardmember Service		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$943.61	PO Box 94014		
,,,,,,,			
Expenditure from corporate funds	Palatine, IL 60094		
	<u> </u>	/h) p	
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense	
		Payment of credit card bill for committee expenses.	
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	ght Office held	
expenditure to benefit C/O	1		
Date	Payee name		
07/10/2024	Department of Treasury		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$1,758.26	Internal Revenue Service Center		
, , , , , ,			
Expenditure from corporate funds	Ogden, UT 84201		
<u> </u>		/h) p	
PURPOSE OF	,	(b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense	
		Federal Payroll Taxes	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held	
expenditure to benefit C/O	1		
Date	Payee name		
08/09/2024	Department of Treasury		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$1,758.30	Internal Revenue Service Center		
·			
Expenditure from corporate funds	Ogden, UT 84201		
PURPOSE	-	(h) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Salaties/wages/Contract Labor	Check if Austin, TX, officeholder living expense	
		Federal Payroll Taxes	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held	
experiorure to benefit C/O	expenditure to benefit C/OH		
<u> </u>			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

Credit Card Payment	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: 15/38 Rpt: 22/61	Texas Forever Forward 00083850			
4 Date	5 Payee name			
09/06/2024	Department of Treasury			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,758.26				
¥=,· ••·=•				
Expenditure from	Ogden, UT 84201			
corporate funds	-			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Comp	ete Schedule T		
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living i			
	Federal Payroll Taxes			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office hel	d		
expenditure to benefit C/O	OH .			
Date	Payee name			
10/03/2024	Department of Treasury			
	<u> </u>			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,758.30	Internal Revenue Service Center			
Expenditure from				
corporate funds	Ogden, UT 84201			
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. Comp			
	Check if Austin, TX, officeholder living Federal Payroll Taxes	expense		
	redetal rayion raxes			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hel	d		
expenditure to benefit C/O		u		
Date	Payee name			
11/07/2024	Department of Treasury			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,758.26	Internal Revenue Service Center			
Evponditure from				
Expenditure from corporate funds	Ogden, UT 84201			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Salaries/Wages/Contract Labor	ete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living	expense		
	Federal Payroll Taxes			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office hel	d		
experialitie to beliefft C/OI	511			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/38 Rpt: 23/61	Texas Forever Forward 00083850
4 Date	5 Payee name
12/13/2024	Department of Treasury
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,758.28	Internal Revenue Service Center
Expenditure from	
corporate funds	Ogden, UT 84201
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
	Federal Payroll Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/29/2024	Embry Communications
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	2705 Long Lasso Pass
Ψ0,000.00	2703 Long Lasso 1 ass
Expenditure from corporate funds	Leander, TX 78641
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 Communications Consultant
	Communications Consultant
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
Date	Power name
09/30/2024	Payee name Embry Communications
	-
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	2705 Long Lasso Pass
Expenditure from	
corporate funds	Leander, TX 78641
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Communications Consultant
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/38 Rpt: 24/61	Texas Forever Forward 00083850
4 Date	5 Payee name
11/06/2024	Embry Communications
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	2705 Long Lasso Pass
Expenditure from	Laurday TV 70044
corporate funds	Leander, TX 78641
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Communications Consultant
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	<u>'</u>
Date	Payee name
12/04/2024	Embry Communications
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	2705 Long Lasso Pass
Expenditure from corporate funds	Leander, TX 78641
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 Communications Consultant
	Communications Consultant
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
12/24/2024	Embry Communications
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	2705 Long Lasso Pass
\$0,000.00	
Expenditure from corporate funds	Leander, TX 78641
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Communications Consultant
Complete CALL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
•	

SCHEDULE F1

Advertising Expense Evaccounting/Banking Feaccounting/Banking Feaccounting Expense Footsibutions/ Donations Made By - Gilliand Committee Feaccounting Feaccounting Feaccounting Feaccounting Feaccounting Feaccounting Fea

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

	_	OTHER (enter a category not listed above)
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Texas Forever Forward		00083850
5 Payee name		
Go Creative Group		
7 Payee address; City; State; Zip Co	de	
5511 Parkcrest Drive		
Suite 103		
Austin, TX 78731		
(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Office Overhead/Rental Expense	<u> </u>	utside of Texas. Complete Schedule T.
		TX, officeholder living expense
	Linaii Distribut	lion
Condidate /Office holder name Office sour	mh+	Office held
	Jur	Office neid
Payee name		
Harland Clarke		
Payee address; City; State; Zip Co	e	
5800 Northwest Parkway		
San Antonio, TX 78249		
(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Office Overhead/Rental Expense	ш	utside of Texas. Complete Schedule T.
		TX, officeholder living expense
	CHECKS IOI CO	mmillee use.
Condidate/Officeholder name Office sour		Office held
•	jiit	Office field
Payee name		
Intuit		
Payee address; City; State; Zip Co	de	
2632 Marine Way		
Mountain View, CA 94043		
(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Office Overhead/Rental Expense	ш	utside of Texas. Complete Schedule T.
		TX, officeholder living expense
	Vendor payme	ent processing fees
Candidate/Officeholder name Office sou H	yht	Office held
	The Instruction Guide explains how to cor 2 FILER NAME Texas Forever Forward 5 Payee name Go Creative Group 7 Payee address; City; State; Zip Cod 5511 Parkcrest Drive Suite 103 Austin, TX 78731 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Harland Clarke Payee address; City; State; Zip Cod 5800 Northwest Parkway San Antonio, TX 78249 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name H Payee name Intuit Payee address; City; State; Zip Cod 2632 Marine Way Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	The Instruction Guide explains how to complete this form. 2 FILER NAME Texas Forever Forward 5 Payee name Go Creative Group 7 Payee address; City; State; Zip Code 5511 Parkcrest Drive Suite 103 Austin, TX 78731 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Payee name Harland Clarke Payee address; City; State; Zip Code 5800 Northwest Parkway San Antonio, TX 78249 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Payee name Intuit Payee name Intuit Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought Candidate/Officeholder name Office Sought Candidate/Officeholder name Office Overhead/Rental Expense Candidate/Officeholder name Office Overhead/Rental Expense

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 Cabadula F1:	
1 Total pages Schedule F1: Sch: 19/38 Rpt: 26/61	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Forever Forward00083850
4 Date	5 Payee name
07/18/2024	Intuit
07/16/2024	Intuit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.87	2632 Marine Way
Expenditure from corporate funds	Mountain View, CA 94043
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
	Vendor payment processing fees.
	Vendor payment processing rees.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	
Date	Payee name
07/31/2024	Intuit
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1.87	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	Office Overhead/Rental Expense Crossing to the control of the con
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
08/06/2024	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$1.87	2632 Marine Way
Expenditure from	Mountain View, CA 04042
corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			
1 Total marine Cabadula F1.	D. Files ID. (Ethics Commission Files)		
1 Total pages Schedule F1: Sch: 20/38 Rpt: 27/61	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Forever Forward00083850		
4 Date	5 Payee name		
08/28/2024	Intuit		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.87	2632 Marine Way		
Expenditure from corporate funds	Mountain View, CA 94043		
8 PURPOSE	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Vendor payment processing fees.		
	Vendor payment processing rees.		
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		
08/30/2024	Intuit		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.87	2632 Marine Way		
— Formanditura from			
Expenditure from corporate funds	Mountain View, CA 94043		
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		
	Vendor payment processing fees.		
	To not pay monte processing root.		
Complete ONLV if divest	Constitute / Office heald as more of the possible of the second of the s		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
09/05/2024	Intuit		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.87	2632 Marine Way		
\$1.07	2032 Maille Way		
Expenditure from			
corporate funds	Mountain View, CA 94043		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Office Overhead/Rental Expense		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Vendor payment processing fees.		
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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
Sch: 21/38 Rpt: 28/61	Texas Forever Forward		00083850	
4 Date	5 Payee name			
09/27/2024	Intuit			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1.87	2632 Marine Way			
	,			
Expenditure from corporate funds	Mountain View, CA 94043			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		avel outside of Texas. Complete Schedule T.	
			ustin, TX, officeholder living expense Nyment processing fees.	
		veridor pa	yment processing rees.	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht.	Office held	
expenditure to benefit C/O		igrit	Office field	
Date	Payee name			
09/30/2024	Intuit			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1.87	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	Office Overhead/Rental Expense		avel outside of Texas. Complete Schedule T.	
EXPENDITORE			ustin, TX, officeholder living expense	
		vendor pa	lyment processing fees.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held	
experientare to benefit ere.				
Date	Payee name			
10/02/2024	Intuit			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1.87	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	Office Overhead/Rental Expense		avel outside of Texas. Complete Schedule T.	
EXPENDITURE			ustin, TX, officeholder living expense	
		Vendor pa	yment processing fees.	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/OI	¬			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
4. Total manage Calcadala E4			
1 Total pages Schedule F1: Sch: 22/38 Rpt: 29/61	2 FILER NAME Texas Forever Forward 3 Filer ID (Ethics Commission Filers) 00083850		
•			
4 Date	5 Payee name		
10/31/2024	Intuit		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$3.73	2632 Marine Way		
Expenditure from	Manustais Viene OA 04040		
corporate funds	Mountain View, CA 94043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	Vendor payment processing fees.		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
5 .			
Date	Payee name		
12/03/2024	Intuit		
Amount (\$)	Payee address; City; State; Zip Code		
\$3.73	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Vendor payment processing fees.		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
_			
Date	Payee name		
12/05/2024	Intuit		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.87	2632 Marine Way		
Expenditure from	Mauratain Vieus QA 04040		
corporate funds	Mountain View, CA 94043		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
LAI LINDITURE	Check if Austin, TX, officeholder living expense		
	Vendor payment processing fees.		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	4		

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete	e this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Sch: 23/38 Rpt: 30/61	Texas Forever Forward		00083850	
4 Date	5 Payee name		1	
12/23/2024	Intuit			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$3.73	2632 Marine Way			
F				
Expenditure from corporate funds	Mountain View, CA 94043			
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 Vendor Payment Processing Fees.	
			vendor i dyment i rocessing i ees.	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht	Office held	
expenditure to benefit C/O		9		
Date	Payee name			
10/30/2024	Korstad, Tara (Mrs.)			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$2,105.26	2808 Mossback Lane			
+=,====				
Expenditure from corporate funds	Austin, TX 78739			
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	
		'	Wages for political/administrative services.	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held	
expenditure to benefit C/O	H			
Date	Payee name			
07/31/2024	Korstad, Tara (Mrs.)			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$2,105.25	2808 Mossback Lane			
Evnanditure from				
Expenditure from corporate funds	Austin, TX 78739			
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 Wages for political/administrative services	
		'	wages for political/administrative services	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht	Office held	
expenditure to benefit C/O		-	225	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/38 Rpt: 31/61	Texas Forever Forward 00083850
4 Date	5 Payee name
08/30/2024	Korstad, Tara (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,105.26	2808 Mossback Lane
Expenditure from	
corporate funds	Austin, TX 78739
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
	Wages for political/administrative services.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
09/30/2024	Korstad, Tara (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,105.25	2808 Mossback Lane
Expenditure from corporate funds	Austin, TX 78739
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 Wages for political/administrative services.
	Trages 151 points and active convices.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
11/29/2024	Korstad, Tara (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,105.25	2808 Mossback Lane
Expenditure from corporate funds	Austin, TX 78739
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 Wages for political/administrative services.
	vvages for political/authinistrative services.
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

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

Candidate/Officenolder/Politica 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: 25/38 Rpt: 32/61	Texas Forever Forward 00083850
4 Date	5 Payee name
12/24/2024	Korstad, Tara (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,359.75	412 Thistlewood Dr.
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 travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Wages for political/administrative services.
	wages for political/autilitistrative services.
O Commission ONII V if diment	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
12/31/2024	Korstad, Tara (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,105.26	412 Thistlewood Dr.
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
	Wages for political/administrative services.
2 1 2 2 1 1 1 1 1	
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
07/19/2024	LHP+Company Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$7,500.00	PO Box 29382
Expenditure from corporate funds	Austin, TX 78755
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Committee consultant and related expenses.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Weimbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Contract Labor OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 26/38 Rpt: 33/61	Texas Forever Forward	00083850
4 Date	5 Payee name	•
08/07/2024	LHP+Company Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$7,500.00	PO Box 29382	
- Evpanditura from		
Expenditure from corporate funds	Austin, TX 78755	
8 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 Committee Consultant and related expenses.
		Committee Consultant and related expenses.
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l ght Office held
expenditure to benefit C/OI		•
Date	Payee name	
09/06/2024	LHP+Company Inc.	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$7,500.00	PO Box 29382	
. ,		
Expenditure from corporate funds	Austin, TX 78755	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Committee Consultant and related expenses.
		•
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
10/03/2024	LHP+Company Inc.	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$7,500.00	PO Box 29382	
- "		
Expenditure from corporate funds	Austin, TX 78755	
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.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Committee consultant and related expenses.
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		gnt Office field

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 27/38 Rpt: 34/61	Texas Forever Forward 00083850
4 Date	5 Payee name
11/06/2024	LHP+Company Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7,500.00	PO Box 29382
Expenditure from corporate funds	Austin, TX 78755
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Committee Consultant and related expenses.
	Committee Consultant and related expenses.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
12/24/2024	LHP+Company Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$658.08	PO Box 29382
Expenditure from	
corporate funds	Austin, TX 78755
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Committee Consultant and related expenses.
	Committee Consultant and rolated expenses.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2024	LHP+Company Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$7,500.00	PO Box 29382
Expenditure from corporate funds	Austin, TX 78755
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 Committee Consultant and related expenses.
	Committee Consultant and related expenses.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schodule F1:	· · · · · · · · · · · · · · · · · · ·			
Total pages Schedule F1: Sch: 28/38 Rpt: 35/61	Texas Forever Forward 00083850			
4 Date	5 Payee name			
12/31/2024	Marc Whyte Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	9240 Marymont Park			
Expenditure from corporate funds	San Antonio, TX 78217			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
	Candidate Contribution.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
oxperiantare to serient ere.				
Date	Payee name			
07/05/2024	Millan and Company P.C.			
Amount (\$)	Payee address; City; State; Zip Code			
\$40.00	812 San Antonio Rd. Suite L17			
Expenditure from corporate funds	Austin, TX 78701			
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 Fees/Ethics Compliance.			
	7.000 until g 1 cc3/Eulic3 Compilance.			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
·				
Date	Payee name			
08/27/2024	Millan and Company P.C.			
Amount (\$)	Payee address; City; State; Zip Code			
\$876.98	812 San Antonio Rd. Suite L17			
F				
Expenditure from corporate funds	Austin, TX 78701			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Accounting Fee/Ethics Compliance.			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •			

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Or Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I Printing I Legal Services Salaries/

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 (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	OTTIER (enter a category not listed above	,
1 Total pages Schedule F1:		•	3 Filer ID (Ethics Commission	Filers)
Sch: 29/38 Rpt: 36/61	Texas Forever Forward		00083850	
4 Date	5 Payee name			
10/29/2024	Millan and Company P.C.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$53.75	812 San Antonio Rd. Suite L17			
Expenditure from corporate funds	Austin, TX 78701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Accounting/Banking	=	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		ш	Fee/Ethics Compliance.	
		7 1000 a. 11. 11. 19 1	50, <u></u>	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/OI		giit	Office field	
Date	Payee name			
11/25/2024	Millan and Company P.C.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$616.98	812 San Antonio Rd. Suite L17			
Evnanditura from				
Expenditure from corporate funds	Austin, TX 78701			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Accounting/Banking	_	outside of Texas. Complete Schedule T.	
EXPENDITORE			n, TX, officeholder living expense	
		Accounting F	Fee/Ethics Compliance.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held	
experialitie to benefit C/Oi	1			
Date	Payee name			
10/03/2024	Millan and Company P.C.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$40.00	812 San Antonio Rd. Suite L17			
Expenditure from corporate funds	Austin, TX 78701			
PURPOSE	(a) Category (Co. Commission listed and a set of this called by	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		outside of Texas. Complete Schedule T.	
EXPENDITURE	, toodanting, banking	Check if Austin	n, TX, officeholder living expense	
		Accounting F	ee/Ethics Compliance.	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/OI	1			

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		
Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
Sch: 30/38 Rpt: 37/61	Texas Forever Forward 00083850	
4 Date	5 Payee name	
12/10/2024	Millan and Company P.C.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$107.50	812 San Antonio Rd. Suite L17	
Ψ107.30	GIZ GATT WHO THE CAT	
Expenditure from		
corporate funds	Austin, TX 78701	
8 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 Fee/Ethics Compliance.	
	Accounting Fee/Etines Compilance.	
O Committee ONII V if allowed	Overlights 100% or holder many	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
<u> </u>		
Date	Payee name	
07/01/2024	Nueces Marketing Partners LTD	
Amount (\$)	Payee address; City; State; Zip Code	
\$708.75	1920 Nacogdoches Rd.	
Expenditure from corporate funds	San Antonio, TX 78209	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Rent for committee use.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	[∤] H	
Date	Payee name	
08/05/2024	Nueces Marketing Partners LTD	
Amount (\$)	Payee address; City; State; Zip Code	
\$708.75	1920 Nacogdoches Rd.	
Ψ100.10	1929 Nabogadones Na.	
Expenditure from	Con Antonio TV 70000	
corporate funds	San Antonio, TX 78209	
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	
	Rent for committee use.	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 31/38 Rpt: 38/61	Texas Forever Forward	00083850
4 Date	5 Payee name	·
09/06/2024	Nueces Marketing Partners LTD	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$708.75	1920 Nacogdoches Rd.	
- Evnanditura from		
Expenditure from corporate funds	San Antonio, TX 78209	
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.
E/11 E1191. C. L.		Check if Austin, TX, officeholder living expense Rent for committee use.
		Nent for committee use.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date	Davisa nama	
10/01/2024	Payee name Nueces Marketing Partners LTD	
	-	
Amount (\$) \$708.75	, ,,	
\$708.75	1920 Nacogdoches Rd.	
Expenditure from corporate funds	San Antonio, TX 78209	
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
		Rent for committee use.
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	4	
Date	Payee name	
11/01/2024	Nueces Marketing Partners LTD	
Amount (\$)	Payee address; City; State; Zip Code	
\$708.75	1920 Nacogdoches Rd.	
Expenditure from corporate funds	San Antonio, TX 78209	
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 Rent for committee use.
		Trefit for committee use.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	Office field

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.	OTTIEN (enter a category not instea above)		
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Fi	ilers)	
Sch: 32/38 Rpt: 39/61	Texas Forever Forward		00083850	,	
4 Date	Payee name				
12/01/2024	Nueces Marketing Partners LTD				
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е			
\$708.75	1920 Nacogdoches Rd.				
Expenditure from corporate funds	San Antonio, TX 78209				
8 PURPOSE OF	, ,	b) Description			
EXPENDITURE	Office Overhead/Rental Expense	<u> </u>	tside of Texas. Complete Schedule T. TX, officeholder living expense		
		Rent for comm			
Complete ONLY if direct expenditure to benefit C/OI	L L Candidate/Officeholder name Office sougl H	ht	Office held		
Date	Payee name				
09/19/2024	Plum Interests, LLC				
Amount (\$)	Payee address; City; State; Zip Cod	е			
\$68.20	115 Circle Street				
Expenditure from					
corporate funds	San Antonio, TX 78209				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense	<u></u>	tside of Texas. Complete Schedule T.		
		ш	TX, officeholder living expense		
		Computer Soft	ware.		
Complete ONLY if direct	Candidate/Officeholder name Office sough	h+	Office held		
expenditure to benefit C/OI		iii.	Office field		
Date	Payee name				
12/10/2024	Plum Interests, LLC				
Amount (\$)	Payee address; City; State; Zip Cod	e			
\$68.20	115 Circle Street				
Evnanditura from					
Expenditure from corporate funds	San Antonio, TX 78209				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense		tside of Texas. Complete Schedule T.		
EXPENDITORE			X, officeholder living expense		
		Computer Soft	ware.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held		
experiente to benefit 6/01	<u> </u>				

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 comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 33/38 Rpt: 40/61	Texas Forever Forward	00083850
4 Date	5 Payee name	
07/01/2024	Spectrum Business	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$134.05	PO Box 660815	
Expenditure from corporate funds	Dallas, TX 75266	
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
		Committee office utilities
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
D-1-		
Date	Payee name	
08/05/2024	Spectrum Business	
Amount (\$)	Payee address; City; State; Zip Code	
\$134.05	PO Box 660815	
Expenditure from		
corporate funds	Dallas, TX 75266	
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 Committee office utilities
		Committee onice utilities
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	•	Office field
Date	Payee name	
09/06/2024	Spectrum Business	
Amount (\$)	Payee address; City; State; Zip Code	
\$133.23	PO Box 660815	
Expenditure from		
corporate funds	Dallas, TX 75266	
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 Committee office utilities
		Committee office utilities
Complete ONE VIII	Condidate/Officeholds 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Arr bald
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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.	
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)	
Sch: 34/38 Rpt: 41/61	Texas Forever Forward	00083850	
4 Date	5 Payee name		
10/01/2024	Spectrum Business		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$133.23	PO Box 660815		
Expenditure from corporate funds	Dallas, TX 75266		
8 PURPOSE OF	, -	Description	
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Committee office utilities	
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held	
expenditure to benefit C/OI	1		
Date	Payee name		
11/01/2024	Spectrum Business		
Amount (\$)	Payee address; City; State; Zip Code		
\$133.23	PO Box 660815	•	
Ψ100.20	1 C BOX 000013		
Expenditure from corporate funds	Dallas, TX 75266		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Committee office utilities	
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held	
expenditure to benefit C/OI		diffice field	
Date	Payee name		
12/01/2024	Spectrum Business		
Amount (\$)	Payee address; City; State; Zip Code		
\$133.23	PO Box 660815		
Expenditure from			
corporate funds	Dallas, TX 75266		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.	
LXI LIBITORE		Check if Austin, TX, officeholder living expense	
		Committee office utilities	
		200	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held	

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		`
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 35/38 Rpt: 42/61	Texas Forever Forward	00083850
4 Date	5 Payee name	
09/06/2024	Travelers Insurance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$101.53	PO Box 660317	
Expenditure from corporate funds	Dallas, TX 75266-0317	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	L	Check if Austin, TX, officeholder living expense Coperty and Casualty Coverage for committee office
		operty and casualty coverage for committee office
O O o o o o lata ONII V if alianat	Out lide to 10 ff and halden are used	Office health
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
10/01/2024	Travelers Insurance	
Amount (\$)	Payee address; City; State; Zip Code	
\$101.53	PO Box 660317	
Expenditure from corporate funds	Dallas, TX 75266-0317	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		roperty and Casualty Coverage for committee
	01	fice.
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H	
Date	Payee name	
11/01/2024	Travelers Insurance	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.76	PO Box 660317	
Ψ30.70	1 0 800 000017	
Expenditure from	D. II. T. V. 75000 0047	
corporate funds	Dallas, TX 75266-0317	
PURPOSE OF	, , , , , , , , , , , , , , , , , , ,	escription
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Coperty and Casualty Coverage for committee office
		operty and casualty coverage for committee office
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	Office field
•		

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	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Cabadula F4:	
1 Total pages Schedule F1:	
Sch: 36/38 Rpt: 43/61	Texas Forever Forward 00083850
4 Date	5 Payee name
12/01/2024	Travelers Insurance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.76	PO Box 660317
Expenditure from	Dallas, TX 75266-0317
corporate funds	
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
	Property and Casualty Coverage for committee
	office.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/19/2024	USAA
Amount (\$)	Payee address; City; State; Zip Code
\$28.92	10750 McDermott Fwy
Expenditure from corporate funds	San Antonio, TX 78288
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payment of credit card for committee expenses.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/20/2024	Wall Street Journal
Amount (\$)	
\$70.19	1211 Avenue of the Americas
Expenditure from	
corporate funds	New York, NY 10036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EAPENDITUKE	Check if Austin, TX, officeholder living expense
	Monthly subscription for political use.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 37/38 Rpt: 44/61	Texas Forever Forward 00083850
4 Date	5 Payee name
07/23/2024	Wall Street Journal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Expenditure from corporate funds	New York, NY 10036
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 Monthly subscription for political use.
	Montally Subscription for political asc.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
09/17/2024	Wall Street Journal
Amount (\$)	Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Expenditure from	
corporate funds	New York, NY 10036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Monthly subscription for political use.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
10/15/2024	Wall Street Journal
Amount (\$)	Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Expenditure from corporate funds	New York, NY 10036
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.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Monthly subscription for political use.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5. po a a. a to bollone 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 38/38 Rpt: 45/61	Texas Forever Forward 00083850
4 Date	5 Payee name
11/11/2024	Wall Street Journal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Expenditure from corporate funds	New York, NY 10036
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 Monthly subscription for political use.
	Monthly Subscription for political use.
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2024	Wall Street Journal
Amount (\$)	Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Expenditure from corporate funds	New York, NY 10036
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
	Monthly subscription for political use.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 46/61 **Texas Forever Forward** 00083850 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/31/2024 Department of Treasury Amount (\$) Payee address; State; Zip Code \$7,442.28 Internal Revenue Service Center Expenditure from Ogden, UT 84201 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Federal Payroll Taxes Incurred. 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 1/12 Rpt: 47/61	Texas Forever Forward				00083850		
4 CREDIT CARD ISSUER		ncial institution e Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 286.96		16
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
Expenditure from corporate funds	\$1,047.34	07/01/2024	08/26/202	08/26/2024			
7 PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Aristotle			sylvania Ave., Sl	E		
	(-) O-t		·	n, DC 20003			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Solicitation/Fundraisir		(b) Descripti Committee	on e compliance so	ftware and data	abase.	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	1 ' ' ' ' '	Credit Card Issuer	Paid		
Expenditure from corporate funds	\$16.00	11/13/2024	12/19/202	4			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	United Airlines		233 S. Wa	cker Dr.			
			Chicago, II				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Wifi for Joe Straus while traveling on committee business.				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	c, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
Expenditure from corporate funds	\$12.00	07/11/2024	08/21/202	4			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Southwest Airlines		2702 Love Field Dr.				
	Southwest Allilles						
	() 2 :		Dallas, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		amittaa husinaa		
l <u> </u>	Travel Out of District	,	Will Wille I	traveling on com	imiliee busines	55.	
X Political			_	_			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	Office hold	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
experiulture to beliefft C/OH	Apenditure to benefit 6/6/1						

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 2/12 Rpt: 48/61	Texas Forever Forv	vard		00083850		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 286.96		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$96.27	07/11/2024	09/04/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		Lyft		548 Market St. Suite 68514 San Francisco, CA 94104			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Transportation for Joe Str	aus while on committee business.		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$475.51	09/10/2024	10/08/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		The Line Hotel		111 E. Cesar Chavez			
┡	PURPOSE OF	(a) Category		Austin, TX 78701 (b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	1	nile traveling on committee		
	X Political	Travel Out of District		Lodging for Joe Straus while traveling on committee business.			
	Non-Political	1	of Texas. Complete Schedule T.		, officeholder living expense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$407.84	08/15/2024	09/26/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		Apple Store		1 Infinite Loop			
L				Cupertino, CA 95014			
	PURPOSE OF	(a) Category	of this cohodula)	(b) Description			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Committee computer hard	dware.		
	X Political						
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
	Complete ONLY if direct	omplete ONLY if direct Candidate/Officeholder name Office sought Office held					
е	xpenditure to benefit C/OH						

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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME			3 Filer ID (E	3 Filer ID (Ethics Commission Filers)			
	Sch: 3/12 Rpt: 49/61	Texas Forever Forward				00083850			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	\$ 286.96		
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$1,047.35	(b) Date of Charge 10/01/2024	(c) Date(s 11/26/20) Credit Card Issue 124	er Paid			
7	PAYEE	(a) Payee name Aristotle			address; nsylvania Ave., S ton, DC 20003	City, SE	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Descri		oftware and d	atabase.		
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	expense		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$164.44	(b) Date of Charge 10/23/2024	(c) Date(s 11/26/20) Credit Card Issue 124	er Paid			
	PAYEE	(a) Payee name AT&T Mobility		(b) Payee PO Box		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Cellular telephone for committee use.					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	K, officeholder living	expense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$120.00	(b) Date of Charge 10/10/2024	(c) Date(s)) Credit Card Issue 124	er Paid			
	PAYEE	(a) Payee name Nation Builder		(b) Payee PO Box		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri	ee Campaign Sc		ovnonco		
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Crieck if Austin, TX	Office held	expense		
e	expenditure to benefit C/OH	Janaratto/Onicenoidei	name Office	o sought		Chiec Held			
ı									

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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 4/12 Rpt: 50/61	Texas Forever Forward			00083850				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$	286.9	96
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid		
	Expenditure from corporate funds	\$124.18	07/10/2024	08/26/	2024	1			
7	PAYEE	(a) Payee name		(b) Pay	ee ac	ldress;	City,	State,	Zip Code
		AT&T Mobility		PO Bo					
L				+		75265-0574			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Des			unaitta a a		
	X Political	Office Overhead/Rent		Cellula	ır tei	ephone for com	imittee use.		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
	•	Candidate/Officeholder	name Office	e sought			Office held		
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	` '		redit Card Issuer	Paid		
	Expenditure from corporate funds	\$16.20	07/16/2024	08/26/	2024	1			
	PAYEE	(a) Payee name (b) Payee address;		City,	State,	Zip Code			
		Intuit		2632 N	∕larir	ne Way			
				Mountain View, CA 94043					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
	EXPENDITURE X Political	Salaries/Wages/Contr	*	Accou	nting	software.			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held		
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid		
	Expenditure from corporate funds	\$120.00	07/23/2024	08/26/	2024	1			
	PAYEE	(a) Payee name		(b) Pay	ee ac	ldress;	City,	State,	Zip Code
		Nation Builden		PO Bo	x 81	1428			
		Nation Builder							
L				Los Ar	igele	es, CA 90081			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Des					
	EXPENDITURE	Office Overhead/Rent		Campa	aign	committee soft	ware.		
	X Political		<u> </u>						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Ĺ	Check if Austin, TX,	officeholder living expe	ense	
1	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held		
е	expenditure to benefit C/OH								

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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4: 2 FILER NAME					s Commiss	sion Filers)			
Sch: 5/12 Rpt: 51/61	Texas Forever Forv	ward	00083850						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	286.9	96			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
Expenditure from corporate funds	\$120.00	12/23/2024	12/20/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Nation Builder		PO Box 811428						
			Los Angeles, CA 90081						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Office Overhead/Rent		Committee campaign soft	ware					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
Expenditure from corporate funds	\$451.04	07/17/2024	08/05/2024						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
	Dridgebood LT		1335 Central Parkway So	uth					
	Bridgehead, I.T.		Suite 100						
			San Antonio, TX 78232						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
l <u> </u>	Office Overhead/Rent		Quarterly I.T. Support						
X Political									
Non-Political	· · · —	of Texas. Complete Schedule T.		officeholder living expe	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onic	e sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Daid					
Expenditure from		` '	09/26/2024	i Faiu					
corporate funds	\$133.91	08/10/2024							
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code			
			PO Box 650574	,		·			
	AT&T Mobility								
			Dallas, TX 75265-0574						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Cellular telephone for con	nmittee use.					
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									

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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Sch: 6/12 Rpt: 52/61	Texas Forever For	ward	00083850					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 286.96				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$143.23	11/22/2024	12/19/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Co	de			
	Cappy's		5011 Broadway					
			San Antonio, TX 78209					
8 PURPOSE OF	(a) Category	- falsi lo- dulo)	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe	•	Meeting to discuss comm	ittee business.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$67.75	10/16/2024	12/04/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Co	de			
	1.4		548 Market St.					
	Lyft		Suite 68514					
			San Francisco, CA 94104					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Transportation for Joe Straus while on Committee Business					
X Political	Travel Out of District	or and conceancy	Transportation for Joe Sti	aus while on Committee Busine	∌SS.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$164.67	12/10/2024	12/20/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de			
	ATOTA (1.22)		PO Box 650574					
	AT&T Mobility							
			Dallas, TX 75265-0574					
PURPOSE OF	(a) Category	of this cohed (17)	(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	Cellular telephone for cor	nmittee use.				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought	Office held				
	1							

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

	The Insti	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	otal pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 7/12 Rpt: 53/61	Texas Forever Forv	ward			00083850		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED TURES D TO A CREDIT	\$ 286.96		96
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid		
Expenditure from corporate funds	\$646.39	11/15/2024	12/19/2024	1			
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	The Jefferson Hote	I	1200 16th	St. NW			
			Washingto	n, DC 20036			
8 PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Lodging for business.	r Joe Straus wh	nile traveling or	committ	tee
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid		
Expenditure from corporate funds	\$102.84	11/24/2024	12/20/2024	1			
PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code
	Mercedes Flowers		2123 Good	Irich Ave.			
			Austin, TX	78704			
PURPOSE OF	(a) Category	(4: 1.11)	(b) Description				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Staff Get V	Vell Gift			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid		
Expenditure from corporate funds	\$25.20	12/16/2024	12/20/2024	1			
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
			2632 Marir	ne Way			
	Intuit						
			Mountain \	/iew, CA 94043	3		
PURPOSE OF	(a) Category	of their colored de	(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Accounting	Software			
X Political		is so so					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)						
Sch: 8/12 Rpt: 54/61	Texas Forever For	ward	00083850					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 286.96				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$259.48	09/26/2024	10/29/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Southwest Airlines		2702 Love Field Dr.					
			Dallas, TX 75235					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	la tana alian an anna antana				
X Political	Travel Out of District	or this seriedate)	Airfare for Joe Straus whi business.	ie traveling on committee				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$451.05	10/01/2024	10/29/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	Dridgebood LT		1335 Central Parkway South					
	Bridgehead, I.T.		Suite 100					
			San Antonio, TX 78232					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Ren		Quarterly I.T. Support					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$433.97	07/08/2024	08/05/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			2702 Love Field Dr.					
	Southwest Airlines							
			Dallas, TX 75235					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Airfare for Joe Straus trav	veling on Committee Business.				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
								

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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4: 2 FILER NAME					Commiss	sion Filers)		
Sch: 9/12 Rpt: 55/61	Texas Forever For	ward		00083850				
4 CREDIT CARD ISSUER		Name of financial institution See previous See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			286.9	96		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$120.00	08/24/2024	09/26/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Nation Builder		PO Box 811428					
			Los Angeles, CA 90081					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Ren	•	Committee Campaign So	πware				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	nse			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$165.01	09/10/2024	10/24/2024					
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code		
	AT&T Mobility		PO Box 650574					
			Dallas, TX 75265-0574					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Ren		Cellular telephone for cor	nmittee use.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	nse			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$120.00	09/23/2024	10/24/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Notion Duildor		PO Box 811428					
	Nation Builder							
			Los Angeles, CA 90081					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	•				
	Office Overhead/Ren		Committee Campaign So	ftware				
X Political		· 						
Non-Political	(1)	of Texas. Complete Schedule T.		, officeholder living expe	nse			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
		-	-					

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

		The Inst	ruction Guide explains how	to complete	this form.				
1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
	Sch: 10/12 Rpt: 56/61	Texas Forever Forward				00083850			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	286.9	96	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid			
	Expenditure from corporate funds	\$656.95	10/29/2024	12/04/20	24				
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		United Airlines			acker Dr.				
Ļ		(-) O-t			IL 60606				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Airfare fo	r Joe Straus trav	eling on Comm	nittee Bus	siness.	
	Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid			
	Expenditure from corporate funds	\$346.20	12/12/2024	12/20/20	24				
	PAYEE	(a) Payee name (b) Payee address;		City,	State,	Zip Code			
		Forge and Feather		308 Eliza	beth Rd.				
					nio, TX 78209				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Gift/Awards/Memorial		Starr Chr	istmas Gifts				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	. , ,	Credit Card Issue	Paid			
	Expenditure from corporate funds	\$462.98	10/11/2024	12/04/20	24				
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Southwest Airlines		2702 Lov	e Field Dr.				
		Southwest Airlines							
L				Dallas, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion r Joe Straus whil	o travalina en	Committe	20	
	_	Travel Out of District	,	Business		e travelling off	Committee	ee	
1	X Political								
lacksquare	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	2 corrept	Check if Austin, TX,	Office hold	ense		
 	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
F	Apenditure to beliefft C/OH								

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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	i: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 11/12 Rpt: 57/61	Texas Forever Forv	vard			00083850				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	286.9	96		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	Expenditure from corporate funds	\$190.51	11/10/2024	12/20/20	24					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		AT&T Mobility		PO Box 6						
		() 2 :			X 75265-0574					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		:				
	X Political	Office Overhead/Rent		Cellular to	elephone for con	nmittee use.				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	. , . , ,	Credit Card Issue	r Paid				
	Expenditure from corporate funds	\$120.00	11/23/2024	12/20/20	24					
	PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code			
		Nation Builder		PO Box 8	11428					
				Los Angeles, CA 90081						
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description						
	EXPENDITURE X Political	Office Overhead/Rent	•	Committee Campaign Software						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid				
	Expenditure from corporate funds	\$173.32	11/13/2024	12/19/20	24					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		l lla a n		1455 Mar	ket St.					
		Uber								
L				San Fran	cisco, CA 94103	}				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descrip						
	EXPENDITURE	Travel Out of District	of this scriedule)	Transport	tation for Joe Str	aus while on co	ommittee	business.		
	X Political									
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
-										

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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Candidate/Onicendide//Politica	· ·	ruction Guide explains how	•	THER (enter a category not isseed above)	
1 Total pages Schedule F4:		· ·	<u> </u>	3 Filer ID (Ethics Commission Filer	rs)
Sch: 12/12 Rpt: 58/61	Texas Forever Forw	ward		00083850	-,
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 286.96	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
Expenditure from corporate funds	\$25.20	11/16/2024	12/20/2024		
7 PAYEE	(a) Payee name Intuit		(b) Payee address; 2632 Marine Way	City, State, Zip Co	ode
8 PURPOSE OF	(a) Category		Mountain View, CA 94043 (b) Description	<u> </u>	
EXPENDITURE X Political	(See Categories listed at the top of Salaries/Wages/Contr		Accounting Software		
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
Expenditure from corporate funds	\$12.00	10/16/2024	11/26/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode
	Southwest Airlines		2702 Love Field Dr.		
			Dallas, TX 75235		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	(b) Description Wifi for Joe Straus while tr	raveling on committee busines	is.
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1		ages Schedule K: /2 Rpt: 59/61	
2	FILER NAME			3	Filer ID	(Ethics Commission Filer	rs)
	Texas Forev	er	Forward		00083	850	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	08/30/2024		Frost Bank Money Market			\$2,03	8.15
		6	Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78269				
		7	Purpose for which amount is received	if politi	cal conti	ribution returned to filer	
			Interest Income				
	Date		Name of person from whom amount is received			Amount (\$)	
	09/30/2024		Frost Bank Money Market			\$1,83	1.06
		ļ	Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78269				
			Purpose for which amount is received	if politi	cal conti	ribution returned to filer	
			Interest Income				
	Date		Name of person from whom amount is received			Amount (\$)	
	10/17/2024		Frost Bank Money Market			\$88	7.73
		l	Address of person from whom amount is received; City; State; Zip Code				
		L	San Antonio, TX 78269				
				if politi	cal conti	ribution returned to filer	
			Interest Income			-	
	Date		Name of person from whom amount is received			Amount (\$)	
	11/17/2024	ļ	Frost Bank Money Market			\$61	6.06
			Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78269				
		H		if noliti	cal conti	I ribution returned to filer	
			Interest Income	ii poiiti	cai conti	ibation retained to mer	
	Date	_	Name of person from whom amount is received			Amount (\$)	
	11/30/2024		Frost Bank Money Market			\$1,15	3.15
		ļ	Address of person from whom amount is received; City; State; Zip Code			7-,-0	0.20
			Address of person from whom amount is received, City, State, 21p code				
			San Antonio, TX 78269				
		Г	Purpose for which amount is received	if politi	cal conti	ribution returned to filer	
			Interest Income				
		_					

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: 2/2 Rpt: 60/61 2 FILER NAME Filer ID (Ethics Commission Filers) Texas Forever Forward 00083850 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/31/2024 Frost Bank Money Market \$1,108.95 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78269 Purpose for which amount is received Check if political contribution returned to filer Interest Income Name of person from whom amount is received Amount (\$) Date 07/31/2024 Frost Bank Money Market \$2,411.04 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78269 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) 10/16/2024 Frost Bank Money Market \$0.29 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78269 Purpose for which amount is received Check if political contribution returned to filer **Bank Credit**

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 61/61 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Forever Forward 00083850 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule D Schedule F1 Schedule B(J) Schedule C2 Schedule F4 Schedule F2 Schedule G Schedule H Schedule COH-UC 6 Dates of Travel 7 Name of person(s) traveling Straus III, Joe (The Honorable) Departure city or name of departure location 11/13/2024 San Antonio 9 Destination city or name of destination location 11/15/2024 Washington, D.C. 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Attend Brookings Institution Board Meeting