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) 00089111 3 COMMITTEE NAME **OFFICE USE ONLY** Commit to Students PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3000 Pegasus Park Drive Date Hand-delivered or Date Postmarked Suite 900 Change of Address Dallas, TX 75247 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Trisha NAME NICKNAME LAST **SUFFIX** Windham STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3000 Pegasus Park Drive STREET **ADDRESS** Suite 900 (Residence or Business) Dallas, TX 75247 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3000 Pegasus Park Drive MAILING **ADDRESS** Suite 900 Dallas, TX 75247 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (682) 429-3127 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 Day Month Year Day Month **COVERED THROUGH** 11/11/2024 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)
Commit to Students PA	AC .		00089111	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Aicha Davis State Representa	tive	
(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	D 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)	\$	28,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	94.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	22,094.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	8,906.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			'	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Trisha V	Vindham	
		Signature of Car	mpaign Treasເ	ırer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

FORM GPAC ADDENDUM

Page 3 of 15

						1 490 0 01 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Commit to Students PA	С			00089111	
1/1	COMMITTEE	1. Candidates	A Supported	Caroline Harris-Davila State Re	procontativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Caroline Harris-Davila State Re	presentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	applicable, classify by party.)		Ohada Ohada Ohada		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Charles Cunningham State Rep	resentative	
	(Attack lists on plain	applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charlie Geren State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 4 of 15

							1 age 1 01 20
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Commit to Students PA	С				00089111	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Cody Harris State Representation	/e	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	osed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted			
			В. Орро	osed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supp	orted	Dustin Burrows State Represen	tative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	osed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted			
			В. Орро	osed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supp	orted	Giovanni Capriglione State Rep	resentative	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	osed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted			
			В. Орро	osed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		Assisted					

FORM GPAC ADDENDUM

Page 5 of 15

						1 ago o o: 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Commit to Students PA	С			00089111	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Harold V. Dutton State Represe	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Thatola V. Dullon State Represe	induve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joanne Shofner State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
			ı			

FORM GPAC ADDENDUM

Page 6 of 15

COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Commit to Students PAG	C			00089111	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joe Moody State Represe	entative	
(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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Matt Shaheen State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Assisted (Identify by name or, if				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Morgan Meyer State Repo	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Activity by name or, if applicable, classify by party.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE (Activity by name or, if applicable, classify by party.) A. Supported (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) A. Supported (Identify by name or, if applicable, classify by party.) A. Supported (Identify by name or, if applicable, classify by party.)	Commit to Students PAC COMMITTEE ACTIVITY Attach lists on plain caper to complete this eport if necessary.) Committee 1. Candidates (dentify by name or, if applicable, classify by party.) Committee 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) Committee 1. Candidates (dentify by name or, if applicable, classify by party.) Attach lists on plain caper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed Committee 1. Candidates (dentify by name or, if applicable, classify by party.) B. Opposed B. Opposed Committee 1. Candidates (dentify by name or, if applicable, classify by party.) Committee 1. Candidates (dentify by name or, if applicable, classify by party.) Assisted (dentify by name or, if applicable, classify by party.) Assisted (dentify by name or, if applicable, classify by party.) Attach lists on plain caper to complete this eport if necessary.) 2. Measures (Describe by date and location of electron and nature of issue.) B. Opposed Committee 1. Candidates (dentify by name or, if applicable, classify by party.) A. Supported Morgan Meyer State Reprivative of issue. A. Supported Describe by date and location and nature of issue. A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.)	Commit to Students PAC COMMITTEE ACTIVITY 1. Candidates (describ) by parame or, if applicable, classify by party.

FORM GPAC **ADDENDUM**

				Page 7 01 15
			13 Filer ID	(Ethics Commission Filers)
С			00089111	
1. Candidates (Identify by name or, if applicable, classify by party.)		Rafael Anchia State Represent	ative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
 		Photta Androws Rower State R	lenresentative	
		Miella Ailulews Dowel State N	epresentative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
applicable, classify by party.)				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rhetta Andrews Bower State Represent Rep	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported Rhetta Andrews Bower State Representative B. Opposed A. Supported Condidates (Identify by name or, if applicable, classify the party.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed Condidates (Identify by name or, if applicable, classify the party.) B. Opposed Condidates (Identify by name or, if applicable, pattern of issue.) B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			8	of 15
17 COMMI Commi	TEE NAME to Students PAC	18 Filer ID 00089111	(Ethics Commission Fil	ers)
l	JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMO	UNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 28	,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 22	2,094.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	IONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	
I				l

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 9/15
2	FILER NAME Commit to St	tudents PAC		3	Filer ID (Ethics Commission Filers) 00089111
4	12/05/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$28,500.00
_	Delicational account	Dallas, TX 75209-2221	lo 5l(0l		
8	Chairman &	pation / Job title (See Instructions) CEO	Employer (See Instructions The Commit Partnership		

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

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

Contributions/ Donations Made By 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: Sch: 1/6 Rpt: 10/15	2 FILER NAME Commit to Students PAC 3 Filer ID (Ethics Commission Filers) 00089111
4 Date 12/11/2024	5 Payee name Aicha Davis Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 71
Expenditure from corporate funds	DeSoto, TX 75115
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Or	Candidate/Officeholder name Office sought Office held
Date 12/11/2024	Payee name Caroline Harris-Davila Campaign
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 12/12/2024	Payee name Charles Cunningham Campaign
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 14352
Expenditure from corporate funds	Humble, TX 77347
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	d 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: 2/6 Rpt: 11/15	Commit to Students PAC 00089111
4 Date	5 Payee name
12/12/2024	Charlie Geren Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	P.O. Box 1440
Expenditure from corporate funds	Fort Worth, TX 76101
8 PURPOSE	
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/12/2024	
	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	P.O. Box 1440
Evpanditura from	
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioliture to benefit C/Oi	
Date	Payee name
12/12/2024	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	P.O. Box 1440
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 12/15	Commit to Students PAC 00089111
4 Date	5 Payee name
12/12/2024	Cody Harris for State Representative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1007 N Mallard St
Expenditure from corporate funds	Palestine, TX 75801
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_//	Candidate/Officeholder/Political Committee
	Campaign Contribution
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	3810 85th St.
Expenditure from corporate funds	Lubbock, TX 79423
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/11/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 92007
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 13/15	Commit to Students PAC 00089111
4 Date	5 Payee name
12/11/2024	Greg Bonnen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 1183
Expenditure from	
corporate funds	Friendswood, TX 77549
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Dete	
Date	Payee name
12/06/2024	Harold V. Dutton for State House
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	3303 Main St. Ste. 303
Expenditure from corporate funds	Houston, TX 77002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Joanne Shofner for Texans
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	638A N. University Drive #177
Expenditure from corporate funds	Nacogdoches, TX 75961
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 5/6 Rpt: 14/15	Commit to Students PAC 00089111
4 Date	5 Payee name
12/11/2024	Joe Moody Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
` *	
\$1,000.00	P.O. Box 920827
Expenditure from	
corporate funds	El Paso, TX 79902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	David and the second se
Date	Payee name
12/11/2024	Matt Shaheen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3917 Malton Dr.
Expenditure from corporate funds	Plano, TX 75025
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaign Continuation
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Morgan Meyer Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3838 Oak Lawn Avenue Ste 400
41,000.00	Soos San Lamin Mondo Sto 100
Expenditure from	D. II TV 75040
corporate funds	Dallas, TX 75219
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

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: 6/6 Rpt: 15/15	Commit to Students PAC 00089111
4 Date	5 Payee name
12/06/2024	Rafael Anchia Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 4468
Ψ1,000.00	1 0 80% 4400
Expenditure from corporate funds	Dallas, TX 75208
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2024	Rhetta Andrew Bowers Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3526 Lakeview Parkway Ste B #211
Expenditure from	
corporate funds	Rowlett, TX 75088
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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H