

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088453	2 Total pages filed: 44
3 COMMITTEE NAME Find Out PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 762288 San Antonio, TX 78245		
	5 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST Cristina LAST Gomez
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 762288 San Antonio, TX 78245		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 762288 San Antonio, TX 78245		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 646-1060		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/27/2024 12/31/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Find Out PAC	13 Filer ID (Ethics Commission Filers) 00088453
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,877.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 92,878.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,206.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Cristina Gomez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Find Out PAC	18 Filer ID (Ethics Commission Filers) 00088453
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,877.24
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 83,753.73
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 9,125.00
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/31 Rpt: 4/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE LECKY, KERRY <hr/> 6 Contributor address; City; State; Zip Code Cleveland Hts, OH 44118-1675	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Kettering Health
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNEA, URI <hr/> Contributor address; City; State; Zip Code Billings, MT 59102-1834	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baptist, Jeremy <hr/> Contributor address; City; State; Zip Code Overland Park, KS 66207-2021	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergmann, Joseph <hr/> Contributor address; City; State; Zip Code New York, NY 10036-6302	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer & Advertising Strategist		Employer (See Instructions) Self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunkhorst, Herb <hr/> Contributor address; City; State; Zip Code Riverside, CA 92506-4652	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/31 Rpt: 5/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Elvira	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78245-2766	
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Non profit
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callaway, Terry	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Bedford, TX 76021-4733	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Rob	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78757-2734	
Principal occupation / Job title (See Instructions) Desktop Support		Employer (See Instructions) Apple Inc.
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catura, Ernest C	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Jose, CA 95111-2664	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofrin, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Atlanta, GA 30306-3138	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/31 Rpt: 6/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Francesca <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-4024	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Associate Professor		9 Employer (See Instructions) MD Anderson Cancer Center
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Francesca <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) MD Anderson Cancer Center
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Annie <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-2125	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Annie <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-2125	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corday, Barbara <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049-6625	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/31 Rpt: 7/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crocco, Maria	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Madison, NJ 07940-2619		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dace, Letitia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Manhattan, KS 66502-3538		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dace, Letitia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Manhattan, KS 66502-3538		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Chela	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code San Antonio, TX 78250-2705		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) NISD
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuTerroil, Jerry	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78258-4001		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/31 Rpt: 8/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ervin, Nancy <hr/> 6 Contributor address; City; State; Zip Code Statesville, NC 28625-2707	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faridi, Tooraj <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-6836	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer / Manager		Employer (See Instructions) Emerge Power
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulkner, James <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34243-3899	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Judith <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70118-6328	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Jenifer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/31 Rpt: 9/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonte, Bears Rebecca <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729-1760	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonte, Bears Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78729-1760	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonte, Bears Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78729-1760	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forstner, amy <hr/> Contributor address; City; State; Zip Code Mt Enterprise, TX 75681-3109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Environmental Specialist		Employer (See Instructions) Carlisle
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeland, Mark <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-8831	Amount of Contribution (\$) \$12.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/31 Rpt: 10/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALLOWAY, FRANK <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75601-4914	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, Sarah <hr/> Contributor address; City; State; Zip Code Fulton, TX 78358-2408	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehret, Marvin <hr/> Contributor address; City; State; Zip Code Denver, CO 80206-2620	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghosh, Amitava <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250-6517	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Federal Government
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Barbara <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906-5809	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/31 Rpt: 11/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greco, Gayle <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90064-4635	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bet Tzedek Legal Services
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Joseph <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107-5451	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimaldi, Karen <hr/> Contributor address; City; State; Zip Code Pompton Plains, NJ 07444-1503	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimaldi, Karen <hr/> Contributor address; City; State; Zip Code Pompton Plains, NJ 07444-1503	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOKER, MICHAEL R. <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3486	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/31 Rpt: 12/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Whitney <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018-5312	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Assistant Professor		9 Employer (See Instructions) Relay Graduate School of Education
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Whitney <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5312	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Assistant Professor		Employer (See Instructions) Relay Graduate School of Education
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Whitney <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5312	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Assistant Professor		Employer (See Instructions) Relay Graduate School of Education
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardage, Elizabeth <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-4501	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) NTT Data Inc.
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jonathan <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139-1002	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/31 Rpt: 13/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, John	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78250-7209		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Donald	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Charlottesville, VA 22903-4584		
Principal occupation / Job title (See Instructions) Professional musician		Employer (See Instructions) Self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heon, Jeff	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Sebastopol, CA 95472-6308		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Randy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Encinitas, CA 92024-2220		
Principal occupation / Job title (See Instructions) psychotherapist		Employer (See Instructions) Self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hintze, Steve	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479-1607		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/31 Rpt: 14/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoenes, William <hr/> 6 Contributor address; City; State; Zip Code South Padre Island, TX 78597-7618	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holick, Judy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-6326	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Rendon <hr/> Contributor address; City; State; Zip Code San Luis Obispo, CA 93401-7672	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Fairchild Semiconductor
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horst, Leslie <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472-1226	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irvine, Gael <hr/> Contributor address; City; State; Zip Code Palmer, AK 99645-0139	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/31 Rpt: 15/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Louanne	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code West Chester, PA 19380-1130		
8 Principal occupation / Job title (See Instructions) E-Commerce		9 Employer (See Instructions) Whole Foods Market
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75218-4438		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorgensen, Bob	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code East Peoria, IL 61611-3462		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Golden, CO 80403-0101		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Golden, CO 80403-0101		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/31 Rpt: 16/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanev, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10014-3879	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karloovich, David <hr/> Contributor address; City; State; Zip Code Denville, NJ 07834-1531	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreisel, Beryl <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93108-1108	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landers, Jenny <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93103-2817	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lentz, Amy <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-6011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Records Analyst I		Employer (See Instructions) Lower Colorado River Authority

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/31 Rpt: 17/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lentz, Amy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745-6011	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Records Analyst I		9 Employer (See Instructions) Lower Colorado River Authority
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lentz, Amy <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-6011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Records Analyst I		Employer (See Instructions) Lower Colorado River Authority
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonetti, Gina Maria <hr/> Contributor address; City; State; Zip Code New York, NY 10022-6593	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Freelance Film/TV Producer		Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie, John <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leviton, Ann <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-8702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/31 Rpt: 18/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Stephen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Flagstaff, AZ 86004-1736		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubrano, Allegra	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Etna, NH 03750-4310		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malo, Christopher	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Larkspur, CA 94939-1420		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, William	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code College Station, TX 77840-4453		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, William	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code College Station, TX 77840-4453		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/31 Rpt: 19/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Jeanne	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Chapel Hill, NC 27517-8876		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10011-8778		
Principal occupation / Job title (See Instructions) clergy		Employer (See Instructions) St. Michael's Church
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayer, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Jamaica Plain, MA 02130-5111		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClelland, Jocelyn	Amount of Contribution (\$) \$9.00
Contributor address; City; State; Zip Code Chicago, IL 60637-5707		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Judith	Amount of Contribution (\$) \$9.00
Contributor address; City; State; Zip Code Davis, CA 95616-0609		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/31 Rpt: 20/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Judith <hr/> 6 Contributor address; City; State; Zip Code Davis, CA 95616-0609	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messer, Darlene <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-5926	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Alice <hr/> Contributor address; City; State; Zip Code Bethpage, NY 11714-1807	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moedl, Kelly <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-5097	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Richard <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-6135	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/31 Rpt: 21/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabors III, John B <hr/> 6 Contributor address; City; State; Zip Code Converse, LA 71419-3244	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Tetired		9 Employer (See Instructions) Na
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Jeffrey <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032-1059	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) ICF International
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Jeffrey <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032-1059	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) ICF International
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicoletti, Bonita <hr/> Contributor address; City; State; Zip Code Rockville Centre, NY 11570-5278	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Cccc		Employer (See Instructions) Cccc
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nokes, Thomas <hr/> Contributor address; City; State; Zip Code Devine, TX 78016-1321	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Taiglobal Group

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/31 Rpt: 22/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutt, Eugene <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98109-2279	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Boeing
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Ryan <hr/> Contributor address; City; State; Zip Code Hyattsville, MD 20783	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oldendorph, Linda <hr/> Contributor address; City; State; Zip Code Denver, CO 80237-2928	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivares, Juventino <hr/> Contributor address; City; State; Zip Code Lavon, TX 75166-1735	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivares, Juventino <hr/> Contributor address; City; State; Zip Code Lavon, TX 75166-1735	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/31 Rpt: 23/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 12/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivares, Juventino	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code Lavon, TX 75166-1735		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ondo, Andrew	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Las Cruces, NM 88005-3721		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) myself
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patey, Gretchen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Madison, WI 53703-3468		
Principal occupation / Job title (See Instructions) waitstaff		Employer (See Instructions) Monona Catering
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patey, Gretchen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Madison, WI 53703-3468		
Principal occupation / Job title (See Instructions) waitstaff		Employer (See Instructions) Monona Catering
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patey, Gretchen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Madison, WI 53703-3468		
Principal occupation / Job title (See Instructions) waitstaff		Employer (See Instructions) Monona Catering

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/31 Rpt: 24/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearl, Ashley <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204-1630	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real estate sales		9 Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peeler, David <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-2219	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Berkshire Partners
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Jose F <hr/> Contributor address; City; State; Zip Code Mcallen, TX 78504-5865	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Donna medical clinic
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Slay <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-6345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) Bouchard Gold Communications
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price-Reuter, T. <hr/> Contributor address; City; State; Zip Code Hastings, MN 55033-8539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Edina Realty

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/31 Rpt: 25/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Jyl	7 Amount of Contribution (\$) \$6.00
6 Contributor address; City; State; Zip Code Houston, TX 77098-5333		
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Jyl	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Houston, TX 77098-5333		
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Jyl	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Houston, TX 77098-5333		
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Jan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Evansville, IN 47714-1375		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenhouse, Carolina	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fort Worth, TX 76110-1823		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/31 Rpt: 26/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockman, Judi	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78723-1915	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rombach, Dale	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Cypress, TX 77433-6424	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Tracy	Amount of Contribution (\$) \$9.00
	Contributor address; City; State; Zip Code Santa Rosa Beach, FL 32459-7351	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarosdy, Randall	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78731-3656	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarosdy, Randall	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78731-3656	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/31 Rpt: 27/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarr, Julia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Manassas, VA 20109-3027		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code College Station, TX 77840-2311		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Joan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Minneapolis, MN 55409-1318		
Principal occupation / Job title (See Instructions) Customer service		Employer (See Instructions) Ecolab
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schussler, Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code New York, NY 10023-1248		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidler, Cynthia	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Cathedral City, CA 92234-1606		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/31 Rpt: 28/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Mark <hr/> 6 Contributor address; City; State; Zip Code Chevy Chase, MD 20815-3224	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenker, Scott <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2052	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) ICSI
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shillue, Noreen <hr/> Contributor address; City; State; Zip Code Medford, MA 02155-6729	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Vickie <hr/> Contributor address; City; State; Zip Code Salem, OR 97302-3967	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Vickie <hr/> Contributor address; City; State; Zip Code Salem, OR 97302-3967	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/31 Rpt: 29/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Darial	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Plano, TX 75024-7481		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bend, OR 97702-9493		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smits, Beatrice	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Troy, MI 48083-2670		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Wakefield, MA 01880-3105		
Principal occupation / Job title (See Instructions) Software Engineer retired		Employer (See Instructions) retired
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Wakefield, MA 01880-3105		
Principal occupation / Job title (See Instructions) Software Engineer retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/31 Rpt: 30/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, Cassandra	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Sullivan, NH 03445-4316		
8 Principal occupation / Job title (See Instructions) Data analyst		9 Employer (See Instructions) Point32Health
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stolz, Darcie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Strasburg, PA 17579-9702		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strane, Jane	Amount of Contribution (\$) \$9.00
Contributor address; City; State; Zip Code San Diego, CA 92117-3618		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tague, Carolyn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Francisco, CA 94115-1006		
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Carol	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75209-6003		
Principal occupation / Job title (See Instructions) Land & Investments		Employer (See Instructions) J & C Taylor Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/31 Rpt: 31/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trehan, Adarsh <hr/> 6 Contributor address; City; State; Zip Code Mclean, VA 22101-3028	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Anna <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-1986	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLFE, DAVID <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75070-4400	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Hewlett Packard
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLFE, DAVID <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75070-4400	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Hewlett Packard
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Deborah <hr/> Contributor address; City; State; Zip Code Nashua, NH 03060-9020	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/31 Rpt: 32/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Tana <hr/> 6 Contributor address; City; State; Zip Code Baytown, TX 77521-8171	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Tana <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521-8171	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehouse, Harry <hr/> Contributor address; City; State; Zip Code Portola Valley, CA 94028-7249	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Endicia
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Steven C <hr/> Contributor address; City; State; Zip Code Jacksonville Beach, FL 32250-5848	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiley, John <hr/> Contributor address; City; State; Zip Code Madison, WI 53704-8553	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/31 Rpt: 33/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Richard <hr/> 6 Contributor address; City; State; Zip Code San Pablo, CA 94806-5243	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Richard <hr/> Contributor address; City; State; Zip Code San Pablo, CA 94806-5243	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zettel, Peter <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55407-2616	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Sequera, Karin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-7200	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) figus, d <hr/> Contributor address; City; State; Zip Code Toluca Lake, CA 91602-1206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/31 Rpt: 34/44
2 FILER NAME Find Out PAC		3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kelly, maureen	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Nipomo, CA 93444-9674		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) thompson, lauralee	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-6797		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) warner, david	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78731-5968		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 35/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
4 Date 10/29/2024	5 Payee name Amalgamated Bank	
6 Amount (\$) \$12.46 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 275 7th Ave New York, NY 10001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name Amalgamated Bank	
Amount (\$) \$72.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 7th Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2024	Payee name Amalgamated Bank	
Amount (\$) \$78.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 7th Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 36/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/12/2024	5 Payee name Bumperactive	
6 Amount (\$) \$261.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Bumperactive	
Amount (\$) \$366.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Bumperactive	
Amount (\$) \$419.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 37/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
4 Date 11/12/2024	5 Payee name Bumperactive	
6 Amount (\$) \$973.11 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name Bumperactive	
Amount (\$) \$639.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Global Strategy Group	
Amount (\$) \$15,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 215 Par SOutHk Ave New York, NY 10003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 38/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
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4 Date 11/01/2024	5 Payee name McGrady, Sonya
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 1293 Evans, GA 30809-1293
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/20/2024	Payee name McGrady, Sonya
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Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1293 Evans, GA 30809-1293
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/06/2024	Payee name Mitchell Media
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Amount (\$) \$7,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1712 37th St NW Washington, DC 20007-2321
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 39/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
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4 Date 11/20/2024	5 Payee name Mitchell Media
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6 Amount (\$) \$3,625.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1712 37th St NW Washington, DC 20007-2321
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2024	Payee name NGP Inc.
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Amount (\$) \$1,875.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2024	Payee name NGP Inc.
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Amount (\$) \$2,775.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 40/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
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4 Date 11/05/2024	5 Payee name SB Digital
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6 Amount (\$) \$6,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2010 Massachusettss Ave NW Washington, DC 20036
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Services
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2024	Payee name SB Digital
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2010 Massachusettss Ave NW Washington, DC 20036
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Sandler Reiff
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Amount (\$) \$1,368.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1620 I Street NW Washington, DC 20006
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 41/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
4 Date 12/18/2024	5 Payee name Sandler Reiffsandler Reiff	
6 Amount (\$) \$535.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1620 I Street NW Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/01/2024	Payee name Wavelength	
Amount (\$) \$20,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 712 H St NE Washington, DC 20002-3627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jones, DaSean	Office sought Supreme Court Justice Place 2 Office held District Judge District 180
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Weems, Christine	Office sought Supreme Court Justice Place 4 Office held District Judge District 281

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 42/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Goldstein, Bonnie Lee	Office sought Supreme Court Justice Place 6
		Office held District Judge District 5
Date 11/03/2024	Payee name Wavelength	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 712 H St NE Washington, DC 20002-3627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Jones, DaSean	Office sought Supreme Court Justice Place 2
		Office held District Judge District 180
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Weems, Christine	Office sought Supreme Court Justice Place 4
		Office held District Judge District 281

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 43/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
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4 Date	5 Payee name (see previous)
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6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Goldstein, Bonnie Lee	Office sought Supreme Court Justice Place 6	Office held District Judge District 5
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Date 11/26/2024	Payee name Wavelength
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Amount (\$) \$7,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 712 H St NE Washington, DC 20002-3627
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Strategy
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 1/1 Rpt: 44/44	2 FILER NAME Find Out PAC	3 Filer ID (Ethics Commission Filers) 00088453
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 11/01/2024	6 Payee name Mitchell Media
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7 Amount (\$) \$7,250.00	8 Payee address; City; State; Zip Code 1712 37th St NW Washington, DC 20007-2321
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Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Services
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/03/2024	Payee name NGP Inc.
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Amount (\$) \$1,875.00	Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158
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Expenditure from corporate funds

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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