#### 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) 00016896 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Towing And Storage Assn. PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 26202 I-45 N., Ste. B Date Hand-delivered or Date Postmarked Change of Address The Woodlands, TX 77386 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Megan NAME NICKNAME LAST **SUFFIX** Ferril STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1201 South Johnson STREET **ADDRESS** (Residence or Business) Amarillo, TX 79101 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1201 South Johnson MAILING **ADDRESS** Amarillo, TX 79101 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 336-7182 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME   |   |  | 13 Filer ID     | (Ethics Commission Filers) |
|---|---|--|-----------------|----------------------------|
| Texas Towing And Storage Assn. PAC  |   |  | 00016896        |                            |
| 14 COMMITTEE<br>ACTIVITY  | Candidates (Identify by name or, if applicable, classify by party.)                     | A. Supported   |                 |                            |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |   | B. Opposed   |                 |                            |
|   | Measures  (Describe by date and location of election and nature of issue.)              | A. Supported  B. Opposed   |                 |                            |
|   |   |  |                 |                            |
|   | Officeholders     Assisted     (Identify by name or, if applicable, classify by party.) |  |                 |                            |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS M  X check here if this report                            | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$              | 0.00                       |
|   | 2. TOTAL POLITICA<br>(OTHER THAN PLE  | IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)   | \$              | 9,610.00                   |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZEI   | D POLITICAL EXPENDITURES   | \$              | 0.00                       |
|   | 4. TOTAL POLITICA   | L EXPENDITURES   | \$              | 32,000.00                  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL (<br>OF THE REPORTIN   | CONTRIBUTIONS MAINTAINED AS OF THE LAST I<br>G PERIOD  | DAY \$          | 32,000.00                  |
| OUTSTANDING<br>LOAN TOTALS  |   | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | HE \$           | 0.00                       |
| 16 AFFIDAVIT  | •   |  | <u> </u>        |                            |
|   |   | I swear, or affirm, under penalty of per<br>true and correct and includes all inforr<br>under Title 15, Election Code.               |                 |                            |
|   |   | Ms. Meç  | jan Ferril      |                            |
|   |   | Signature of Car   | npaign Treasu   | rer                        |
| AFFIX NOTAF   | RY STAMP / SEAL ABOVE   |  |                 |                            |
|   |   | , th   | is 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 office | er administering oath      |
| Signature of officer  | administering out   |  | THE OF OHIC     | or administering oath      |

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

|                            |  |              | 3 of 17      |
|----------------------------|--|--------------|--------------|
| <b>17</b> COMMITT Texas To | (Ethics Commission Filers)   |              |              |
| 19 SCHEDUL<br>NAME OF      | SUBTOTAL AMOUNT  |              |              |
| 1. X                       |  | \$ 9,610.00  |              |
| 2.                         | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                      |              | \$           |
| 3.                         | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$           |
| 4.                         | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION     | )R           | \$           |
| 5.                         | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR     | \$           |
| 6.                         | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                      | ANIZATION    | \$           |
| 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                  | S            | \$ 32,000.00 |
| 11.                        | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |              | \$           |
| 12.                        | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                 | ONS          | \$           |
| 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     | \$           |
|                            |  |              |              |
|                            |  |              |              |
|                            |  |              |              |
|                            |  |              |              |
|                            |  |              |              |
|                            |  |              |              |

| MONETARY POLITICAL CONTRIBUTIONS   |   |  |   |  | SCHEDULE A1                                    |                                      |            |
|--|---|--|---|--|--|--------------------------------------|------------|
|  | The Instruction Guide explains how to complete this form. |  |   | 1  | Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/17 |                                      |            |
| 2  | FILER NAME<br>Texas Towin                                 | g And Storage Assn. PAC  |   |  | 3  | Filer ID (Ethics Commission 00016896 | on Filers) |
| 4  | Date<br>12/02/2024  |  |   | 7  | Amount of Contribution (\$)                    | \$2,060.00                           |            |
| 8  | Principal occu  | Amarillo, TX 79101 pation / Job title (See Instructions)   | 9 | Employer (See Instructions                   | <br> -<br> s)                                  |                                      |            |
|  | Owner   |  |   | T-Miller Wrecker                             |  |                                      |            |
|  | Date 09/10/2024   | Full name of contributor out-of-state PAC (ID#:_<br>Johnston, Todd (Mr.)  Contributor address; City; State; Zip Code             |   | )  |  | Amount of Contribution (\$)          | \$1,500.00 |
|  |   | Cypress, TX 77429  |   |  |  |                                      |            |
|  | Principal occu<br>V President                             | pation / Job title (See Instructions)  |   | Employer (See Instructions Apple Towing      | s)   |                                      |            |
|  | Date<br>12/02/2024  | Full name of contributor out-of-state PAC (ID#:_ PACKENBUSH, JOHNNY  Contributor address; City; State; Zip Code  DUMAS, TX 79029 |   | )  |  | Amount of Contribution (\$)          | \$500.00   |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions                          |   | <u> </u><br>;)   |   |  |  |                                      |            |
|  |   | ANY OWNER  |   | PACK'S GARAGE                                | _  |                                      |            |
|  | Date<br>12/02/2024  | Full name of contributor out-of-state PAC (ID#:_Pool , KJ  Contributor address; City; State; Zip Code  Odessa , TX 79763         |   | )  |  | Amount of Contribution (\$)          | \$750.00   |
| Principal occupation / Job title (See Instructions)  Tow  Employer (See Instructions)  Neal Pool Reckers |   | 5)   |   |  |  |                                      |            |
|  | Date<br>12/02/2024  |  |   |  | Amount of Contribution (\$)                    | \$3,000.00                           |            |
|  | Principal occu<br>Tow                                     | pation / Job title (See Instructions)  |   | Employer (See Instructions Neal Pool Reckers | 5)   |                                      |            |
|  |   |  |   |  |  |                                      |            |

|   | MONET   | ARY POLITICAL CONTRIBUTI              | ONS                          |                             | SCHEDU   | LE <b>A1</b> |
|---|---|---------------------------------------|------------------------------|-----------------------------|--|--------------|
|   | The Instruction Guide explains how to complete this form.   |                                       |                              | 1                           | Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/17 |              |
| 2 | FILER NAME  |                                       |                              |                             | Filer ID (Ethics Commiss                       | ion Filers)  |
|   | Texas Towir   | ng And Storage Assn. PAC              |                              |                             | 00016896                                       |              |
| 4 | Date 09/12/2024  S Full name of contributor out-of-state PAC (ID#:)  WAGNER, FORD  6 Contributor address; City; State; Zip Code |                                       | 7 A                          | Amount of Contribution (\$) | \$1,800.00                                     |              |
|   |   | NEW BRAUNFELS, TX 78132               |                              |                             |  |              |
| 8 | Principal occu  | pation / Job title (See Instructions) | 9 Employer (See Instructions | s)                          |  |              |
|   | TOW COMF  | PANY OWNER                            | TEXAS AUTO CARRIE            | RS                          |  |              |
|   |   |                                       |                              |                             |  |              |
|   |   |                                       |                              |                             |  |              |

#### 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

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

| 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: 1/12 Rpt: 6/17                                 | Texas Towing And Storage Assn. PAC 00016896  |
| 4 Date  | 5 Payee name   |
| 11/22/2024  | Alvarado, Carol Alvarado   |
| 6 Amount (\$)                                       | 7 Payee address; City; State; Zip Code   |
| \$1,000.00  | 2900 Woodridge, Suite 305  |
|   |  |
| Expenditure from corporate funds                    | Houston, TX 77087  |
| 8 PURPOSE   |  |
| OF  | (a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.           |
| EXPENDITURE   | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense  |
|   | CAROL ALVARADO CAMPAIGN  |
|   |  |
| 9 Complete ONLY if direct                           | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                         | 4  |
| Date  | Payee name   |
| 11/22/2024  | BELL, KEITH  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$500.00  | 771 EAST HWY 80  |
|   | SUITE 208  |
| Expenditure from corporate funds                    | FORNEY, TX 75126   |
| ·   |  |
| PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  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 |
|   | KEITH BELL CAMPAIGN  |
|   |  |
| Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                         | 4  |
| Date  | Payee name   |
| 11/22/2024  | BIRDWELL, BRIAN  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$1,000.00  | PO BOX 12068   |
| \$1,000.00  |  |
| Expenditure from                                    | CAPITOL STATION  |
| corporate funds                                     | AUSTIN, TX 78711   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE                                   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  |
|   | Candidate/Officeholder/Political Committee   |
|   | BRIAN BIRDWELL CANFAIGN  |
| Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                         | · · · · · · · · · · · · · · · · · · ·  |
|   |  |
|   |  |
|   |  |

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   |  |
| Sch: 2/12 Rpt: 7/17  | Texas Towing And Storage Assn. PAC 00016896  |
| -  |  |
| 4 Date   | 5 Payee name   |
| 11/22/2024   | BURROWS, DUSTIN  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$1,000.00   | 10507 QUAKER AVE   |
| Expenditure from   | SUITE 103  |
| corporate funds  | LUBBOCK, TX 79424  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  |
| EXPENDITORL  | Candidate/Officeholder/Political Committee   |
|  | DUSTIN BURROWS CAMPAIGN  |
|  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                            | Candidate/Officeholder name Office sought Office held  |
| experience to some 1. 1.   |  |
| Date   | Payee name   |
| 11/22/2024   | CANALES, TERRY   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$500.00   | 2727 W UNIVERSITY  |
|  |  |
| Expenditure from corporate funds   | EDINBERG, TX 78539   |
| PURPOSE  | 1  |
| OF   | (a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.           |
| EXPENDITURE  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense  |
|  | TERRY CANALES CAMPAIGN   |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | 1  |
| Date   | Payee name   |
| 11/22/2024   | COOK, DAVID  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$2,500.00   | 309 E BROAD STREET   |
| Ψ2,000.00  | 303 E BROAD STREET   |
| Expenditure from   | MANGELEI D. TV 70000   |
| corporate funds  | MANSFIELD, TX 76063  |
| PURPOSE<br>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 |
|  | DAVID COOK CAMPAIGN  |
|  |  |
| 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
OTHER (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/12 Rpt: 8/17 Texas Towing And Storage Assn. PAC 00016896 4 Date Payee name 11/22/2024 Campbell, Donna 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO Box 1710 Expenditure from San Antonio, TX 78217 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONNA CAMPBELL CAMPAIGN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/22/2024 Creighton, Brandon Amount (\$) Payee address; City; State; Zip Code \$1,500.00 2257 N Loop 336, Suite 140 Expenditure from Conroe, TX 77308 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **BRANDON CREIGHTON CAMPAIGN** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/22/2024 Darby, Drew Amount (\$) Payee address: City: State; Zip Code \$500.00 36 W Beauregard #517 Expenditure from corporate funds San Angelo, TX 76903 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DREW DARBY CAMPAIGN Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

| Candidate/Officeholder/Politica<br>Credit Card Payment       | l 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: 4/12 Rpt: 9/17  | Texas Towing And Storage Assn. PAC 00016896  |
| 4 Date   | 5 Payee name   |
| 11/22/2024   | FAIRLY, CAROLINE   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$500.00   | PO BOX 2910  |
|  |  |
| Expenditure from   | ALISTIN TV 70701   |
| corporate funds  | AUSTIN , TX 78701  |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description                   |
| EXPENDITURE  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.            |
|  | Candidate/Officeholder/Political Committee CAROLINE FAIRLY CAMPAICN                                |
|  | CAROLINE FAIRLY CAMPAIGN   |
|  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
| experiulture to beliefit C/O                                 | 1  |
| Date   | Payee name   |
| 11/22/2024   | FLORES , LULU  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| ` '  | PO BOX 2910  |
| \$500.00   | PO BOX 2910  |
| Expenditure from   |  |
| corporate funds  | AUSTIN, TX 78768   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  |
| EXPENDITURE  | Candidate/Officeholder/Political Committee   |
|  | LULU FLORES CAMPAIGN   |
|  |  |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/O                                   | 1  |
| Date   | Payee name   |
| 11/22/2024   | GEREN, CHARLES   |
|  |  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$1,000.00   | 6713 TELEPHONE RD  |
| — Forestelland from  | SUITE 301  |
| Expenditure from corporate funds                             | LAKE WORTH, TX 76135   |
| 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 Check if Austin, TX, officeholder living expense        |
|  | CHARLES GEREN CAMPAIGN   |
|  |  |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/O                                   | <b>y</b>   |
|  |  |
|  |  |
|  |  |

### 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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 5/12 Rpt: 10/17   | Texas Towing And Storage Assn. PAC 00016896  |
| 4 Date   | 5 Payee name   |
| 11/22/2024   | Guillen, Ryan  |
| 6 Amount (\$)<br>\$500.00  | <ul><li>7 Payee address; City; State; Zip Code</li><li>700 FM 3168</li></ul>   |
|  |  |
| Expenditure from corporate funds   | Raymondville, TX 78580   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  |
|  | Candidate/Officeholder/Political Committee   |
|  | RYAN GUILLEN CAMPAIGN  |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | -  |
| Date   | Payee name   |
| 11/22/2024   | HARLESS, SAM   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$500.00   | 6630 CYPRESSWOOD DR  |
|  | SUITE 150  |
| Expenditure from corporate funds   | SPRING, TX 77379   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| EXPENDITURE  | Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T. |
|  | Candidate/Officeholder/Political Committee   |
|  | SAWITANEESS CAWITAION  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  |  |
| Date   | Payee name   |
| 11/22/2024   | HARRIS, CODY   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$1,000.00   | 519 N SYCAMORE   |
| Expenditure from   |  |
| corporate funds  | PALESTINE , TX 75801   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.                                   |
| -  | Candidate/Officeholder/Political Committee   |
|  | CODT HARRIS CAWIFAIGN  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | ·  |
|  |  |
|  |  |
|  |  |

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Candidate/Officeholder/Politica<br>Credit Card Payment          | Il 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: 6/12 Rpt: 11/17  | Texas Towing And Storage Assn. PAC 00016896  |
| 4 Date  | 5 Payee name   |
| 11/22/2024  | Hernandez, Ana   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |
| \$500.00  | 1233 Mercury   |
|   |  |
| Expenditure from corporate funds                                | Houston, TX 77029  |
| 8 PURPOSE   |  |
| OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel cuttide of Taylor Complete Schedule T   |
| 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 |
|   | ANA HERNANDEZ CAMPAIGN   |
|   | /W/TIERWWIDEE O/WII / WOR  |
| •                         |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   |  |
| Date  | Payee name   |
| 11/22/2024  | ISSAC, CARRIE  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$500.00  | 137 FREDERICKSBURG RD  |
| 4000.00   |  |
| Expenditure from  | NEW DD 44 NEET 0 TV 70400  |
| corporate funds   | NEW BRAUNFELS, TX 78130  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  |
|   | Candidate/Officeholder/Political Committee   |
|   | CARRIE ISSAC CAMPAIGN  |
|   |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/Oi                                     | 1  |
| Date  | Payee name   |
| 11/22/2024  | Johnson, Nathan  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$1,000.00  | PO Box 6709  |
| \$1,000.00  | FO BOX 0709  |
| Expenditure from  |  |
| corporate funds   | Dallas, TX 75367   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  |
| EXPENDITURE   | Candidate/Officeholder/Political Committee   |
|   | NATHAN JOHNSON CAMPAIGN  |
|   |  |
| Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                                     | 1  |
|   |  |
|   |  |
|   |  |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 7/12 Rpt: 12/17   | Texas Towing And Storage Assn. PAC 00016896   |
| 4 Date   | 5 Payee name  |
| 11/22/2024   | KING, KEN   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$1,000.00   | PO BOX 507  |
|  |   |
| Expenditure from corporate funds   | CANADIAN, TX 79014  |
|  |   |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T. |
|  | Candidate/Officeholder/Political Committee  |
|  | REIN KING CAMPAIGN  |
|  |   |
| Complete ONLY if direct<br>expenditure to benefit C/Ol                                     | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 11/22/2024   | KING, PHIL  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| ` '  | 2340 E INTERSTATE 20  |
| \$1,000.00   |   |
| Expenditure from   | SUITE 218   |
| corporate funds  | ARLINGTON, TX 76017   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF   | Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By   |
| EXPENDITURE  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense   |
|  | PHIL KING CAMPAIGN  |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O   | - · · · · · · · · · · · · · · · · · · ·   |
| Date   | Payee name  |
| 11/22/2024   | LANDERGRAFF, BROOKS   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$500.00   | 119 W 4TH ST  |
| \$300.00   | 119 W 41H 31  |
| Expenditure from   |   |
| corporate funds  | ODESSA, TX 79761  |
| 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 Check if Austin, TX, officeholder living expense   |
|  | BROOKS LANDERGRAFF CAMPAIGN   |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O   |   |
| •  |   |
|  |   |
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### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 8/12 Rpt: 13/17   | Texas Towing And Storage Assn. PAC 00016896   |
| 4 Date   | 5 Payee name  |
| 11/22/2024   | LEACH, JEFF   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$500.00   | 300 E DAVIS ST  |
|  | #170  |
| Expenditure from corporate funds   | MCKINNEY, TX 75069  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF   | (a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.            |
| EXPENDITURE  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense   |
|  | JEFF LEACH CAMPAIGN   |
|  |   |
| Complete ONLY if direct<br>expenditure to benefit C/OI                                     | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 11/22/2024   | MANUAL, CHRISTAIN   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$500.00   | 2300 HWY 365  |
| Ψ000.00  | SUITE 360   |
| Expenditure from   |   |
| corporate funds  | NEDERLAND , TX 77627  |
| PURPOSE<br>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 |
|  | Candidate/Officeholder/Political Committee  |
|  | CHINISTIMA INDIVIDUAL TIMA ES CANNI ANGIN   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held   |
| experialitie to benefit C/Oi   |   |
| Date   | Payee name  |
| 11/22/2024   | MENENDEZ, JOSE  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,000.00   | 4522 FREDERICKSBURG RD  |
|  | A-22  |
| Expenditure from corporate funds   | SAN ANTONIO, TX 78201   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | Contributions/Donations Made By   |
| EXI ENDITORE   | Candidate/Officeholder/Political Committee  |
|  | JOSE MENENDEZ CAMPAIGN  |
|  |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held   |
| experience to beliefft G/OI  | •   |
|  |   |
|  |   |

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 9/12 Rpt: 14/17   | Texas Towing And Storage Assn. PAC 00016896  |
| 4 Date   | 5 Payee name   |
| 11/22/2024   | MIDDLETON, MAYES   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$1,000.00   | 6711 BROADWAY ST   |
|  | SUITE 104  |
| Expenditure from corporate funds   | PEARLAND, TX 77581   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  |
| EXPENDITURE  | Candidate/Officeholder/Political Committee   |
|  | MAYES MIDDLETON CAMPAIGN   |
|  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                            | Candidate/Officeholder name Office sought Office held  |
|  |  |
| Date   | Payee name   |
| 11/22/2024   | Nichols, Robert  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$1,000.00   | PO Box 2347  |
| Expenditure from   |  |
| corporate funds  | Jacksonville, TX 75765   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.   |
|  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense  ROBERT NICHOLS CAMPAIGN   |
|  | ROBERT MONOES ON WILL MON  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/O   | · · · · · · · · · · · · · · · · · · ·  |
| Date   | Payee name   |
| 11/22/2024   | PERRY, CHARLES   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$1,000.00   | 11003 QUAKER AVE   |
| +=,  | #101   |
| Expenditure from corporate funds   | LUBBOCK, TX 79424  |
| <u> </u>   |  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE  | Continuations/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  |
|  | CHARLES PERRY CAMPAIGN   |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | <u> </u>   |
|  |  |
|  |  |
| L  |  |

### 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment                |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| 1 Tatal marca Cabadula F1.  | ,   |  |  |  |  |  |  |
| 1 Total pages Schedule F1:  |   |  |  |  |  |  |  |
| Sch: 10/12 Rpt: 15/17   | Texas Towing And Storage Assn. PAC 00016896   |  |  |  |  |  |  |
| 4 Date  | 5 Payee name  |  |  |  |  |  |  |
| 11/22/2024  | Patrick, Dan  |  |  |  |  |  |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |  |
| \$2,500.00  | PO Box 685085   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Expenditure from  | Auctin TV 70760   |  |  |  |  |  |  |
| corporate funds   | Austin, TX 78768  |  |  |  |  |  |  |
| 8 PURPOSE<br>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 |  |  |  |  |  |  |
|   | Candidate/Officeholder/Political Committee  |  |  |  |  |  |  |
|   | DAWY ATTAICK CANNI AUGIN  |  |  |  |  |  |  |
| 0 0 1 0 0 1 1 1   |   |  |  |  |  |  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Date  | Payee name  |  |  |  |  |  |  |
| 11/22/2024  | SMITHEE, JOHN   |  |  |  |  |  |  |
| Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |  |  |  |
| \$500.00  | 320 S POLK  |  |  |  |  |  |  |
|   | 1ST FLOOR   |  |  |  |  |  |  |
| Expenditure from  |   |  |  |  |  |  |  |
| corporate funds   | AMARILLO, TX 79101  |  |  |  |  |  |  |
| PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |  |
| EXPENDITURE   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.                                       |  |  |  |  |  |  |
|   | Candidate/Officeholder/Political Committee  |  |  |  |  |  |  |
|   | 301 IN SIVITTIEE CAIVIFAIGIN  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH |   |  |  |  |  |  |  |
| experientare to benefit Gree  |   |  |  |  |  |  |  |
| Date  | Payee name  |  |  |  |  |  |  |
| 11/22/2024  | SPARKS, KEVIN   |  |  |  |  |  |  |
| Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |  |  |  |
| \$1,000.00  | 620 S TAYLOR ST   |  |  |  |  |  |  |
| +=,555.00   | SUITE 203   |  |  |  |  |  |  |
| Expenditure from  |   |  |  |  |  |  |  |
| corporate funds   | AMARILLO, TX 79101  |  |  |  |  |  |  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |  |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.                                       |  |  |  |  |  |  |
|   | Candidate/Officeholder/Political Committee  |  |  |  |  |  |  |
|   | REVIIV SPARKS CAIVIPAIGIV   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH |   |  |  |  |  |  |  |
| - p   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

|  | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                 | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex | e Print<br>Sala | Ü           | se<br>es/Contract Labor | Tra    | vel in District<br>vel Out of Dis<br>HER (enter a | strict<br>category not listed above) |  |
|--|---|-----------------|---|-----------------|-------------|-------------------------|--------|---|--------------------------------------|--|
| 1  | Total pages Schedule F1:  | 2 FILER NAM     | E   |                 |             |                         | 3 File | er ID   | (Ethics Commission Filers)           |  |
|  | Sch: 11/12 Rpt: 16/17   | Texas Tow       | ing And Storage Assn  | . PAC           |             |                         | 00     | 016896  |                                      |  |
| 4  | Date  | 5 Payee name    | )   |                 |             |                         |        |   |                                      |  |
| L  | 11/22/2024  | Schwertne       | r, Charles  |                 |             |                         |        |   |                                      |  |
| 6  | Amount (\$)   | 7 Payee addre   | ess; City;  | State; Zip      | Code        |                         |        |   |                                      |  |
|  | \$1,500.00  | PO Box 24       | 48  |                 |             |                         |        |   |                                      |  |
|  | Expenditure from corporate funds  | Georgetow       | n, TX 78627   |                 |             |                         |        |   |                                      |  |
| 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) OF (Carettile triangle (Page 4) and the Purpose (Page 4) and the Pu |   |                 |   |                 | Description |                         |        |   |                                      |  |
|  | EXPENDITURE   |                 | ns/Donations Made By  |                 |             | =                       |        |   | plete Schedule T.                    |  |
|  |   | Candidate/      | Officeholder/Political C  | _ommittee       | •           | CHARLES S               |        |   |                                      |  |
|  |   |                 |   |                 |             | OLIMINES 3              | CITYVE | .ixiiNEFX   | CAMIN AIGIN                          |  |
| 9  | Complete ONLY if direct   | Candidate/Of    | ficeholder name   | Office          | sought      |                         |        | Office he   | eld                                  |  |
|  | expenditure to benefit C/OI   |                 |   |                 |             |                         |        |   |                                      |  |
|  | Date  | Payee name      | )   |                 | _           |                         | _      |   |                                      |  |
|  | 11/22/2024  | Thompson        | , Senfornia   |                 |             |                         |        |   |                                      |  |
|  | Amount (\$)   | Payee addre     | ess; City;  | State; Zip      | Code        |                         |        |   |                                      |  |
|  | \$1,500.00  | 10527 Hon       | nestead   |                 |             |                         |        |   |                                      |  |
|  | - Francisch von Communication   |                 |   |                 |             |                         |        |   |                                      |  |
|  | Expenditure from corporate funds  | Houston, T      | X 77016   |                 |             |                         |        |   |                                      |  |
|  | PURPOSE   | (a) Category (S | See Categories listed at the top of   | this schedule)  | (b)         | Description             |        |   |                                      |  |
| OF<br>EXPENDITURE  |   | Contributio     | ns/Donations Made By  | y               |             | <u></u>                 |        |   | plete Schedule T.                    |  |
|  | -   | Candidate/      | Candidate/Officeholder/Political Committee Check if Austin, TX, THOMPSON SE                 |                 |             |                         |        |   |                                      |  |
|  |   |                 |   |                 |             | HOWFSON                 | JLINE  | NOMA  | JAMII AIGIN                          |  |
|  | Complete ONLY if direct expenditure to benefit C/O  |                 | ficeholder name   | Office          | sought      |                         |        | Office he   | eld                                  |  |
|  |   | •               |   |                 |             |                         |        |   |                                      |  |
|  | Date  | Payee name      |   |                 |             |                         |        |   |                                      |  |
|  | 11/22/2024  | WALLE, AI       | RMANDO  |                 |             |                         |        |   |                                      |  |
|  | Amount (\$)   | Payee addre     | •   | State; Zip      | Code        |                         |        |   |                                      |  |
|  | \$500.00  |                 | TALDINE AMPHITHE  | ATRE            |             |                         |        |   |                                      |  |
| _  | Expenditure from  | SUITE 307       |   |                 |             |                         |        |   |                                      |  |
| L  | corporate funds   | HOUSTON         | I, TX 77039   |                 |             |                         |        |   |                                      |  |
|  | PURPOSE   | (a) Category (S | See Categories listed at the top of   | this schedule)  | (b)         | Description             |        |   |                                      |  |
|  | OF<br>EXPENDITURE   |                 | ns/Donations Made By  |                 |             | ш                       |        |   | plete Schedule T.                    |  |
|  |   | Candidate/      | Officeholder/Political C  | Committee       | •           | Check if Austin         |        |   |                                      |  |
|  |   |                 |   |                 |             | ALTINIATIOO V           | VALLE  | . OAMEA   | 11 O 1 N                             |  |
|  | Complete ONLY if direct   | Candidate/Of    | ficeholder name   | Office          | sought      |                         |        | Office he   | eld                                  |  |
|  | expenditure to benefit C/OH   |                 |   |                 |             |                         |        |   |                                      |  |
|  |   |                 |   |                 |             |                         |        |   |                                      |  |
|  |   |                 |   |                 |             |                         |        |   |                                      |  |
|  |   |                 |   |                 |             |                         |        |   |                                      |  |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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)

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 12/12 Rpt: 17/17  | Texas Towing And Storage Assn. PAC 00016896  |
| 4 Date   | 5 Payee name   |
| 11/22/2024   | ZWIENER, ERIN  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$500.00   | PO BOX 2910  |
|  |  |
| Expenditure from corporate funds   | AUSTIN, TX 78768   |
| 8 PURPOSE  |  |
| OF   | (a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By   |
| EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|  | ERIN ZWIENER CAMPAIGN  |
|  |  |
| Complete ONLY if direct expenditure to benefit C/Ol  | Candidate/Officeholder name Office sought Office held  |
| Date   | Payee name   |
| 11/22/2024   | Zaffirini, Judith  |
|  |  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$1,000.00   | 1407 washington st   |
| Expenditure from   |  |
| corporate funds  | Laredo , TX 78040  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  |
| EXPENDITORE  | Candidate/Officeholder/Political Committee   |
|  | JUDITH ZAFFIRINI CAMPAIGN  |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | 1  |
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