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) 00088748 3 COMMITTEE NAME **OFFICE USE ONLY** The Molly Ivins Project, LLC PAC Date Received **ELECTRONICALLY FILED** 01/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 836872 Date Hand-delivered or Date Postmarked Change of Address Richardson, TX 75083 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Michael NAME NICKNAME LAST **SUFFIX** Rawlins STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 318 Northview Drive STREET **ADDRESS** (Residence or Business) Richardson, TX 75080 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 318 Northview Drive MAILING **ADDRESS** Richardson, TX 75080 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 783-0962 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** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2026 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer	ID	(Ethics Commission Filers)
The Molly Ivins Project,	LLC PAC		0000	88748	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat	,		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAT OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	N	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOAN:	S)	\$	23.92
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	674.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE L G PERIOD	AST DAY	\$	81.98
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$	1,732.00
6 AFFIDAVIT	<u> </u>				
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
		Mic	ahaal Dawlin		
			chael Rawlir of Campaign ⁻		er
		Signature	. Campaign		. .
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the _		day
of	, 20, to certify v	which, witness my hand and seal of office.			
Signature of officer add	ministering oath	Printed name of officer administering oath	Title	of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPOSE				ADDENDON
				Page 3 of 11
L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Molly Ivins Projec			00088748	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed Republican		
	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.)			

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			4 of 11			
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)			
The Molly	Vivins Project, LLC PAC	00088748				
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 23.92			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)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. X	SCHEDULE E: LOANS		\$ 341.00			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 650.91			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 23.76			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/11 3 Filer ID (Ethics Commission Filers) FILER NAME The Molly Ivins Project, LLC PAC 00088748 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/25/2024 Treider, Diane \$11.96 Digital Houston Chronicle 7 Contributor address; City; State; Zip Code Dallas, TX 75248 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Legal Assistant Gary P Krupken, Attorney 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 12/24/2024 Treider, Diane \$11.96 Digital Houston Chronicle Contributor address; City; State; Zip Code Dallas, TX 75248 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Legal Assistant Gary P Krupken, Attorney Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to co	mplete this f	orm.		ges Schedule E: 1 Rpt: 6/11
2	FILER NAME					(Ethics Commission Filers)
	The Molly Ivins F	Project, LLC PAC			000887	
4	TOTAL OF UNITEMIZED LOANS				I	\$
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)
	11/02/2024	Rawlins, Michael C	_			\$91.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Richardson, TX 75080				11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ıctions)	
	Retired			None		
14	Description of Coll	ateral		15 Check if personal fur	ds were deposited	
	X None			□ N/A		(See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instru	uctions)	
	Date of loan	Name of lender	out-of-state PA	C (ID#:		Loan Amount (\$)
	11/25/2024	Rawlins, Michael C				\$250.00
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate
	No					Maturity Date
		Richardson, TX 75080				
	Principal occupation Retired	on / Job title (See Instructions)		Employer (See Instru None	ictions)	
	Description of Coll	ateral		Check if personal fur	ds were deposited	into political account
	X None			□ N/A		(See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instru	ictions)	•

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

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

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

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 7/11	The Molly Ivins Project, LLC PAC	00088748
4 Date	5 Payee name	·
10/27/2024	ActBlue Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$7.90	PO Box 441146	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LIBITORE		Check if Austin, TX, officeholder living expense
		Processing fee for donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Date	Payee name	
11/02/2024	Bank of America	
Amount (\$)	Payee address; City; State; Zip Code	
\$91.00	100 North Tryon Street	
Expenditure from		
corporate funds	Charlotte, NC 28255	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		Great card payment
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	9	Cince Hold
Data	Davisa sama	
Date 11/29/2024	Payee name First National Bank of Omana	
Amount (\$)	Payee address; City; State; Zip Code	
\$22.01	BOX 3707	
Expenditure from		
corporate funds	Omaha, NE 68103	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		Great card payment
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	9	Office Hold

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 8/11	The Molly Ivins Project, LLC PAC 00088748
4 Date	5 Payee name
10/31/2024	Prosperity Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	1301 North Mechanic
Expenditure from corporate funds	El Campo, TX 77437
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Account Maintenance Fee
	Account Maintenance i ee
2 O	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p	·
Date	Payee name
11/30/2024	Prosperity Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1301 North Mechanic
Expenditure from corporate funds	El Campo, TX 77437
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Account maintenance fee
	Account maintenance lee
Commists ONLY if direct	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/31/2024	Prosperity Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1301 North Mechanic
Expenditure from corporate funds	El Campo, TX 77437
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Account maintenance fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Food/Beverage Expense - Gift/Awards/Memorials Expense Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 2 Sch: 3/3 Rpt: 9/11	2 FILER NAME The Molly Ivins Project, LLC PAC		3 Filer ID (Ethics Commission Filers) 00088748		
4 Date 5	5 Payee name	l			
11/25/2024	Texas Ethics Commission				
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code			
\$500.00	P.O.Box 12070				
	Capitol Station				
Expenditure from corporate funds	Austin, TX 78711				
8 PURPOSE ((a) Category (See Categories listed at the top of this s	(b) Description			
OF EXPENDITURE	Fine		outside of Texas. Complete Schedule T.		
Ext. Ext. Total		. —	TX, officeholder living expense		
		Late filing fine	e paid on behalf of Treasurer		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 1/2 Rpt: 10/11	The Molly Ivins Project, LLC PAC				00088748		
4 CREDIT CARD ISSUER		ncial institution Bank of Omaha	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
Expenditure from corporate funds	\$1.75	12/27/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	GoDaddy		100 S. Mill	Ave, Suite 160	0		
			Tempe, AZ				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Accounting/Banking	or the contoant,	Credit card	interest			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
Expenditure from corporate funds	\$10.13	12/24/2024					
PAYEE (a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code		
	GoDaddy	100 S. Mill Ave, Suite 1600					
			Tempe, AZ				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descripti Web hostir				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
Expenditure from corporate funds	\$1.75	11/26/2024					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	CaDaddy		100 S. Mill	Ave, Suite 160	0		
	GoDaddy						
			Tempe, AZ				
PURPOSE OF EXPENDITURE	(a) Category		(b) Descripti				
l <u> </u>	(See Categories listed at the top of this schedule) Accounting/Banking Credit card interest						
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct							
expenditure to benefit C/OH	<u> </u>						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	 Gift/Awards 	s/Memorials Expense	Printing Expense Tra	avel in District avel Out of District THER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
l	Sch: 2/2 Rpt: 11/11	The Molly Ivins Pro	ect, LLC PAC		00088748	
4	CREDIT CARD			5 TOTAL OF UNITEMIZED		
l	ISSUER	see previous		EXPENDITURES	\$	
l		300 pi	CVIOUS	CHARGED TO A CREDIT CARD		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid	
ľ	Expenditure from			(o) Date(o) Great Gara Issue.		
l	corporate funds	\$10.13	11/24/2024			
7	PAYEE	(a) Dayon nama		(b) Payee address;	City State 7in Code	
ľ	FAILL	(a) Payee name			City, State, Zip Code	
l		GoDaddy		100 S. Mill Ave, Suite 160	U	
l		•		T A7 05004		
Ļ	DUDDOOF OF	(a) Catagoni		Tempe, AZ 85281		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Web hosting		
		Advertising Expense	,	vveb nosting		
	X Political					
	Non-Political	\ ¹ / L	of Texas. Complete Schedule		officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held	
e	xpenditure to benefit C/OH					
l						
l						
l						