#### 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) 00066420 3 COMMITTEE NAME **OFFICE USE ONLY Delisi Communications PAC** Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1210 Nueces St. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. **Thomas** NAME NICKNAME LAST **SUFFIX** Delisi STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1210 Nueces St. STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1210 Nueces St. MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 348-6680 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 11/05/2024 χ General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	<del></del>		13 Filer ID	(Ethics Commission Filers)
Delisi Communication	ons PAC		00066420	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Hillary Hickland State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  t qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	38,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	37,985.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	32.36
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Thon	nas Delisi	
		Signature of Car	npaign Treasui	rer
AFFIX NOTA	ARY STAMP / SEAL ABOVE			
		, th	is the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of office	r administering oath	Printed name of officer administering oath	Title of offic	er administering oath
J 2 2. 2	<b>9</b> <del></del>			- <b>3</b>

### FORM GPAC ADDENDUM

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC				00066420	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Dr. Charles Scl	hwertner State Se	enator	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)	7 ii Gapportoa				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	Candy Noble	State Representat	ive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Canay Nobic C	state Representat		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Nathaniel Park	er IV State Senat	or	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if					
		applicable, classify by party.)					

### FORM GPAC **ADDENDUM**

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC				00066420	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Charles Perry	State Senator	1	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joan Huffman	State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ann Johnson	State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC			00066420	
14	COMMITTEE	1. Candidates	A Supported	Cecil Bell Jr. State Representati	l ivo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Geen Ben of State Representati	, vc	
	(Attach lists on plain		B. Opposed			
	paper to complete this report if necessary.)					
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders				
		Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	<u> </u>		Juan Hingiago, Ctata Canatar		
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if)	A. Supported	Juan Hinojosa State Senator		
	(Attack lists on white	applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)	<u> </u>			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lois Kolkhorst State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)	2.5			
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				

### FORM GPAC **ADDENDUM**

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC				00066420	
	COMMITTEE ACTIVITY  (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Toni Rose Stat	e Senator		
	paper to complete this report if necessary.)						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kelly Hancock	State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kevin Sparks S	tate Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Delisi Communications	PAC				00066420	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Pete Flores S	tate Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Phil King Stat	e Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cesar Blanco	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC			00066420	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Donna Howard State Represen	tative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Donna Campbell State Represe	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Donna Gampben Glade Represe	inauvo	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Drew Darby State Representation	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC			00066420	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Will Metcalf State Representative	/e	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Dustin Burrows State Represen	tative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Dustin bullows State Represen	lative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Todd Hunter State Representat	ive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Delisi Communications	PAC			00066420	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capriglione State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Keith Bell State Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Trent Ashby State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if)				
	applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC			00066420	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Dennis Paul State Representation	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representati	ive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		David Cook State Representativ	re	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				

### FORM GPAC **ADDENDUM**

 					Page 12 01 37
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Delisi Communications	PAC			00066420	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cody Harris State Representation	/e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ramon Romero State Represer	itative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Ellen Troxclair State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if)				
	applicable, classify by party.)	<u> </u>			

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Delisi Communications I	PAC			00066420	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harris-Davila State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	Candidates		Mike Schofield State Represent	cativo	
ACTIVITY	(Identify by name or, if		wike Scholleld State Represent	alive	
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Erin Zweiner State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Delisi Communications I	PAC			00066420	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rhetta Andrews Bower State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	Candidates		Labo Duoy Ctata Depresentat	in ro	
ACTIVITY	(Identify by name or, if	A. Supported	John Bucy State Representat	ive	
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ryan Guillen State Represen	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				

### FORM GPAC **ADDENDUM**

 					_	Page 15 01 37
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Delisi Communications I	PAC				00066420	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Gerdes	State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mary Gonzale	z State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if					
	applicable, classify by party.)					

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC			00066420	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tom Oliverson State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Sunnorted	Carrie Isaac State Representativ	VA	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Carre isaac State (representati	VC	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Armando Martinez State Repres	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC			00066420	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sam Harless State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A Sunnorted	Carl Tepper State Representa	tive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Can repper State Representa	uve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Oscar Longoria State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

### GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

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				13 Filer ID	(Ethics Commission Filers)
PAC					(
1. Candidates		Dan Patrick	Lieutenant Gove		
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders     Assisted					
(Identify by name or, if applicable, classify by party.)					
	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  3. Officeholders Assisted	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  3. Officeholders Assisted	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  3. Officeholders Assisted

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			_	19 of 37			
17 COMMITTEE Delisi Comr	E NAME munications PAC	<b>18</b> Filer ID 00066420	(Ethics Commission	n Filers)			
	19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	38,000.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$				
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
	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	\$	37,985.00			
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	\$				
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHED	OULE A1
	The Instru	ction Guide explains how to complete this fo	1	otal pages Schedule A1 Sch: 1/1 Rpt: 20/37	L:	
2	FILER NAME Delisi Comm	nunications PAC		1	iler ID (Ethics Commi	ssion Filers)
4	Date 11/12/2024			7 A	mount of Contribution (	\$) \$15,500.00
_		Austin, TX 78701				
8	Principal occu President	upation / Job title (See Instructions)	9 Employer (See Instructions Delisi Communications,			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: Delisi, Thomas (Mr.)  Contributor address; City; State; Zip Code	)	A	mount of Contribution (	\$7,500.00
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	s)		
	President	pation 7 oob title (occ monucions)	Delisi Communications,			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Delisi, Thomas (Mr.)  Contributor address; City; State; Zip Code	)		mount of Contribution (	\$15,000.00
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	President		Delisi Communications,	, Inc.		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 1/17 Rpt: 21/37	Delisi Communications PAC 00066420
4 Date	5 Payee name
11/11/2024	Adam Hinojosa Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 18301
Expenditure from corporate funds	Corpus Christi, TX 78480
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/11/2024	Ann Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2024	Armando Martinez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 1651
Expenditure from corporate funds	Weslaco, TX 78599-1651
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### 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 Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/17 Rpt: 22/37	Delisi Communications PAC 00066420
4 Date	5 Payee name
12/09/2024	Briscoe Cain Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	PO Box 7
·	
Expenditure from corporate funds	Deer Park, TX 77536
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/11/2024	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1105 E Main Street #223
Expenditure from	
corporate funds	Allen, TX 75002
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-1-	
Date	Payee name
12/13/2024	Carl Tepper for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 94534
Expenditure from	
corporate funds	Lubbock, TX 79493
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Continuation
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

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

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

Candidate/Officeholder/Politica						
Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 3/17 Rpt: 23/37	Delisi Communications PAC 00066420					
4 Date	5 Payee name					
12/11/2024	Caroline Harris-Davila for State Rep					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	PO Box 700					
Expenditure from corporate funds	Round Rock, TX 78680					
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					
	Campaign Contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experiditure to benefit C/Oi						
Date	Payee name					
12/12/2024	Carrie Isaac for Texas					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	\$500.00 100 Commons Road #7-125					
Expenditure from corporate funds	Dripping Springs, TX 78620					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	Campaign Contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Dete						
Date 11/11/2024	Payee name					
	Cecil Bell Jr. Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$250.00	P.O. Box 819					
Expenditure from						
corporate funds	Magnolia, TX 77353					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Campaign Contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/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

Candidate/Officeholder/Politica Credit Card Payment	
orealt out a rayment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/17 Rpt: 24/37	Delisi Communications PAC 00066420
4 Date	5 Payee name
12/11/2024	Cesar Blanco for Texas Senate
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 27074
Expenditure from corporate funds	El Paso, TX 79926
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/11/2024	Charles Perry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 94806
Expenditure from corporate funds	Lubbock, TX 79493
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	
Date	Payee name
12/10/2024	Cody Harris for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1007 N Mallard St
Expenditure from corporate funds	Palestine, TX 75801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare 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 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

Travel in Dis Travel Out of otract Labor OTHER (ent

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 cor	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/17 Rpt: 25/37	Delisi Communications PAC	00066420
4 Date	5 Payee name	·
12/13/2024	Dan Patrick Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$5,000.00	P.O. Box 685085	
Expenditure from corporate funds	Austin, TX 78768	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		g Gcc
Date	Davis nama	
12/09/2024	Payee name David Cook Campaign	
	1 3	do.
Amount (\$) \$500.00	Payee address; City; State; Zip Coo 309 E. Broad Street	ue
\$300.00	309 E. BIOdu Stieet	
Expenditure from corporate funds	Mansfield, TX 76063	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	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
		Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght Office held
Date	Payee name	
12/06/2024	Dennis Paul Campaign	
Amount (\$)	Payee address; City; State; Zip Co	de
\$250.00	626 1/2 Barringer Ln Ste A	
Expenditure from		
corporate funds	Webster, TX 77598	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF 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  Campaign Contribution
		Campaign Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		grit Office field

#### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/17 Rpt: 26/37	Delisi Communications PAC 00066420	
4 Date	5 Payee name	
11/11/2024	Donna Howard Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$250.00	P.O. Box 5375	
— Forest dit us from		
Expenditure from corporate funds	Austin, TX 78763	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Campaign Contribution	
O Complete Chilly if all	Condidate Office helder some	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
,		
Date	Payee name	
11/11/2024	Dr. Charles Schwertner Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	PO Box 2448	
Expenditure from corporate funds	Georgetown, TX 78627	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Check if travel outside of Texas. 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	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Daving marries	
	Payee name	
12/03/2024	Drew Darby Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P.O. Box 3284	
Expenditure from		
corporate funds	San Angelo, TX 76902	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EVDENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
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 Committee

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 Candidate/Officeholder/Politica Credit Card Payment		
1. Total pages Calculute 54		
1 Total pages Schedule F1: Sch: 7/17 Rpt: 27/37	2 FILER NAME3 Filer ID(Ethics Commission Filers)Delisi Communications PAC00066420	
4 Date	5 Payee name	
12/03/2024	Dustin Burrows Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	10507 Quaker Ave, Ste 103	
Expenditure from corporate funds	Lubbock, TX 79424	
8 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	
	Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	<del>1</del>	
Date	Payee name	
12/11/2024	Ellen Troxclair for Texas	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	701 HWY 281, Suite E #19	
+555.55		
Expenditure from	Marble Falls, TX 78654	
corporate funds		
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 (Political Committee)  Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	-i	
Date	Payee name	
12/11/2024	Erin Zweiner for Texas House	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	PO Box 184	
Expenditure from		
corporate funds	Driftwood, TX 78619	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/17 Rpt: 28/37	Delisi Communications PAC  Delisi Communications PAC  00066420
4 Date	5 Payee name
11/19/2024	Friends of Donna Campbell
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 171002
Expenditure from corporate funds	San Antonio, TX 78217
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVERNING	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Friends of Tom Oliverson
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	1 Greenway Plaza #225
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 92007
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/17 Rpt: 29/37	Delisi Communications PAC	00066420
4 Date	5 Payee name	
12/11/2024	Greg Bonnen Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 1183	
Expenditure from corporate funds	Friendswood, TX 77549	
8 PURPOSE		D) Description
OF	(a) Category (See Categories listed at the top of this schedule)  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
		Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	ot Office held
expenditure to benefit C/OI	1	
Date	Payee name	
10/30/2024	Hillary Hickland Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	6318 Brayson Oaks Ct.	
Expenditure from corporate funds	Belton, TX 76513	
PURPOSE		D) 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
		Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
experientare to benefit e/of	'	
Date	Payee name	
11/06/2024	Horizon Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$35.00	600 West 5th St	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Bank Fee
Oranghi Others	Constitute (Office hall)	0.5
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 10/17 Rpt: 30/37	Delisi Communications PAC 00066420
4 Date	5 Payee name
12/11/2024	John Bucy Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 536, Austin, TX 78767
φ500.00	F.O. BOX 330, Austill, 17 76707
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE 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 Campaign Contribution
	Campaigh Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Keith Bell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 1178
Expenditure from corporate funds	Forney, TX 75126
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2024	Kevin Sparks Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2600 Mockingbird Ln.
Expenditure from corporate funds	Midland, TX 79705
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/17 Rpt: 31/37	Delisi Communications PAC 00066420
4 Date	5 Payee name
11/11/2024	Lois Kolkhorst Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 2546
·	
Expenditure from corporate funds	Brenham, TX 77834
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
12/11/2024	Mary Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 450
Expenditure from	
corporate funds	Clint, TX 79836
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davida marra
12/11/2024	Payee name Mike Schofield Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	934 Hidden Canyon Rd
Expenditure from	
corporate funds	Katy, TX 77450
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>

#### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/17 Rpt: 32/37	Delisi Communications PAC 00066420
4 Date	5 Payee name
12/13/2024	Oscar Longoria Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 4224
Ψ000.00	1 0 BOX 4224
Expenditure from	Mission TV 70570
corporate funds	Mission, TX 78572
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/10/2024	Pete Flores Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1 E Greenway Plaza St 225
\$1,000.00	1 E Greenway Plaza St 225
Expenditure from	
corporate funds	Houston, TX 77046
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-t
Date	Payee name
12/11/2024	Phil King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1913
\$1,000.00	F.O. Box 1913
Expenditure from	W I I I
corporate funds	Weatherford, TX 76086-9928
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

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

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

Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 13/17 Rpt: 33/37	Delisi Communications PAC 00066420	
4 Date	5 Payee name	_
12/11/2024	Ramon Romero Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$500.00	PO Box 181	
Expenditure from corporate funds	Fort Worth, TX 76101	
8 PURPOSE		$\dashv$
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	
	Campaign Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorure to benefit C/Oi		
Date	Payee name	
12/11/2024	Rhetta Andrews Bowers Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	3526 Lakeview Pkwy. Ste. B, #211	
Funanditura from		
Expenditure from corporate funds	Rowlett, TX 75088	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
D-4-		=
Date 12/11/2024	Payee name  Dyan Guillon Compaign	
	Ryan Guillen Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	5346 E US Hwy 83, Bldg A, Ste 5-A	
Expenditure from		
corporate funds	Rio Grande City, TX 78582	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	┪
expenditure to benefit C/OH		
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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 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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 14/17 Rpt: 34/37	Delisi Communications PAC  Delisi Communications PAC  00066420
4 Date	5 Payee name
12/13/2024	Sam Harless Campaign
6 Amount (\$) \$500.00	<ul><li>7 Payee address; City; State; Zip Code</li><li>15814 Champion Forest PMB 312</li></ul>
Ψ000.00	10014 Champion 1 Great 1 MB 012
Expenditure from corporate funds	Spring, TX 77379
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
11/11/2024	Senator Hinojosa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1508 S. Lone Star Way Ste 5B
Expenditure from corporate funds	Edinburg, TX 78539
PURPOSE 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
	Campaigh Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
12/11/2024	Stan Gerdes for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1060
Expenditure from corporate funds	Smithville, TX 78957
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 15/17 Rpt: 35/37	2 FILER NAME Delisi Communications PAC  3 Filer ID (Ethics Commission Filers) 00066420
4 Date	5 Payee name
11/11/2024	Tan Parker Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027-1741
8 PURPOSE 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
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/11/2024	Texans for Joan Huffman
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,500.00	3373-I Westheimer Rd. Box 40
Expanditure from	
Expenditure from corporate funds	Houston, TX 77027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaign Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Texans for Kelly Hancock
12/03/2024	Texalls for Kelly Haricock
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 821349
Expenditure from corporate funds	North Richland Hills, TX 76182
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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 Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/17 Rpt: 36/37	Delisi Communications PAC 00066420
4 Date	5 Payee name
12/03/2024	Texans for Trent Ashby
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 412
Expenditure from corporate funds	Lufkin, TX 75902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Todd Hunter Campaign
Amount (\$)	Payee address; City; State; Zip Code
` ′	
\$2,000.00	445 Cape Henry
Expenditure from corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/11/2024	Toni Rose Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 41867
Expenditure from corporate funds	Dallas, TX 75241
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-

### SCHEDULE F1

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Cont  The Instruction Guide explains how to complete the	
1 Total pages Schedule F1: Sch: 17/17 Rpt: 37/37	2 FILER NAME Delisi Communications PAC	3 Filer ID (Ethics Commission Filers) 00066420
4 Date 12/03/2024	5 Payee name Will Metcalf Campaign	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 454	
Expenditure from corporate funds	Conroe, TX 77305	
8 PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign Contribution
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought H	Office held