#### 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) 00080359 3 COMMITTEE NAME **OFFICE USE ONLY** The Texas State University System PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 1408 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78767 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Tom NAME NICKNAME LAST **SUFFIX** Spilman STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 823 Congress Ave., Ste. 1313 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 823 Congress Ave., Ste. 1313 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 476-0697 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 General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

		ı		
2 COMMITTEE NAME	iversity Cyata DAO		13 Filer ID	(Ethics Commission Filers)
The Texas State Uni			00080359	9
4 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		
	0. Матания	A Supported		
	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.)	Robert Nichols State Senator		
E CONTRIBUTION		DOUTION CONTRIBUTIONS (OTUED TUAN)	<u> </u>	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	6 000 00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		6,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	58,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,586.86
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Ma Taur	Cailara	
		Mr. 10m Signature of Car	Spilman	urer
		Signature of Car	mpaigii iieas	out C1
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ned before me, by the said	, tr	nis the	day
		which, witness my hand and seal of office.		uuy
	,,, ,			
Signature of officer	administering oath	Printed name of officer administering oath	Title of off	ficer administering oath

# FORM GPAC ADDENDUM

Page 3 of 23

						Fage 3 01 23
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Texas State Univer	sity System PAC			00080359	
	COMMITTEE ACTIVITY	1. 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			
		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.)		Joan Huffman State Senator		
	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			
		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.)		Charles Schwertner State Sena	tor	
	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			
		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.)		Tan Parker State Senator		

### FORM GPAC ADDENDUM

Page 4 of 23

						1 ago 1 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Texas State Univer	sity System PAC			00080359	
	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			
		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.)		Dustin Burrows State Represen	tative	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(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.)		Will Metcalf State Representativ	re	
	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			
		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.)		Giovanni Capriglione State Rep	resentative	

### FORM GPAC ADDENDUM

Page 5 of 23

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Texas State Univer	sity System PAC			00080359	
	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			
		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.)		Greg Bonnen State Representa	tive	
	COMMITTEE	1. Candidates	A. Supported	Don McLaughlin State Represer	ntative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(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			
	(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.)		Judith Zaffirini State Senator		

### FORM GPAC ADDENDUM

Page 6 of 23

						1 ago o o. 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Texas State Univer	sity System PAC			00080359	
	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			
		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.)		Mary Gonzalez State Represent	tative	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(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.)		John Bucy State Representative	9	
	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			
		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.)		Erin Zweiner State Representat	ive	

### FORM GPAC ADDENDUM

Page 7 of 23

						1 ago 1 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Texas State Univer	sity System PAC			00080359	
	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			
		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.)		Senfronia Thompson State Rep	oresentative	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(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.)		Donna Howard State Represent	tative	
	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			
		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.)		Donna Campbell State Senator		
		•				

### FORM GPAC ADDENDUM

Page 8 of 23

						1 ago o o 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Texas State Univer	sity System PAC			00080359	
	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			
		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.)		Angela Paxton State Senator		
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(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.)		Christian Manuel State Represe	entative	
	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			
		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.)		Phil King State Senator		

# FORM GPAC ADDENDUM

Page 9 of 23

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Texas State Univer	sity System PAC			00080359	
	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			
		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.)		Charles Perry State Senator		
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(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.)		Brandon Creighton State Senato	or	
	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			
		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.)		Mayes Middleton State Senator		

### FORM GPAC ADDENDUM

Page 10 of 23

12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Texas State Univer	sity System PAC			00080359	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Janis Holt 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.)		Trey Wharton 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.)				
	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			
		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.)		Cesar Blanco State Senator		
		applicable, classify by party.)				

# FORM GPAC ADDENDUM

Page 11 of 23

				rage II 01 23
AME			13 Filer ID	(Ethics Commission Filers)
te University System PAC			00080359	
Candidates (Identify by name or, if applicable, classify by par	A. Supported			
olain te this ury.)	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 par		Royce West State Senator		
Candidates (Identify by name or, if applicable, classify by par	A. Supported			
olain te this ury.)	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 par		Borris Miles State Senator		
Candidates  (Identify by name or, if applicable, classify by par	A. Supported			
olain te this ary.)	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 par		Nathan Johnson State Senator		
	3. Officeholders Assisted (Identify by name or, if	B. Opposed  3. Officeholders Assisted	B. Opposed  3. Officeholders Assisted (Identify by name or, if	B. Opposed  3. Officeholders    Assisted (Identify by name or, if

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			1	L2 of 23
17 COMMITTE	EE NAME s State University System PAC	<b>18</b> Filer ID 00080359	(Ethics Commission	Filers)
	S SUBTOTALS	00080339	T	
	SCHEDULE		SUBTOTAL AM	IOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
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	\$	58,000.00
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	\$	

	MONET	TARY POLITICAL CONTRIBU	SCHEDULE	A1	
	The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 13/23	
2	FILER NAME The Texas S	State University System PAC		3 Filer ID (Ethics Commission 00080359	Filers)
4	Date 12/17/2024	Full name of contributor	C (ID#:)	7 Amount of Contribution (\$)	5,000.00
		Austin, TX 78701			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)	
	Date 12/03/2024	Full name of contributor out-of-state PAC Jeff R. Branick for County Judge Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$	1,000.00
		Beaumont, TX 77704  upation / Job title (See Instructions)	Employer (See Instruction		

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total marian Cabadida F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 1/10 Rpt: 14/23	2 FILER NAME The Texas State University System PAC 3 Filer ID (Ethics Commission Filers) 00080359
4 Date	5 Payee name
11/08/2024	Blanco, Cesar
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 27074
Ψ2,000.00	1 0 50% 21014
Expenditure from corporate funds	El Paso, TX 79926
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/02/2024	Bonnen, Greg
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 1183
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE	I
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	Continuouions/Donations Made By  Candidate/Officeholder/Political Committee  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	Douge name
12/02/2024	Payee name Bucy, John
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 536
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 1 51	,
1 Total pages Schedule F1:	
Sch: 2/10 Rpt: 15/23	The Texas State University System PAC 00080359
4 Date	5 Payee name
12/02/2024	Burrows, Dustin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	10507 Quaker Ave
Ψ2,000.00	•
Expenditure from	Ste 103
corporate funds	Lubbock, TX 79424
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	
Date	Payee name
11/18/2024	Campbell, Donna
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 171002
Ψ1,000.00	1 O BOX 171002
Expenditure from	
corporate funds	San Antonio, TX 78217
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to beriefit C/O	
Date	Payee name
12/02/2024	Capriglione, Giovanni
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 92007
\$1,000.00	FO 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
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitl/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 3/10 Rpt: 16/23	The Texas State University System PAC 00080359
4 Date	5 Payee name
11/08/2024	Creighton, Brandon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	2257 N. Loop 336
	Ste. 140-366
Expenditure from corporate funds	Conroe, TX 77304
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
O Complete Children	On didn't 10 ff a balden name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/02/2024	Gonzalez, Mary
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	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 Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Data	Device same
Date 11/08/2024	Payee name Holt, Janis
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4246 Clearlake Road
Expenditure from	
corporate funds	Kountze, TX 77625
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
	Sampang. Communication
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 -Candidate/Officeholder/Political Committee

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

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 (output a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	,
1 Total pages Schedule F1: Sch: 4/10 Rpt: 17/23	2 FILER NAME The Texas State University System PAC 3 Filer ID (Ethics Commission Filers) 00080359
4 Date	5 Payee name
12/02/2024	
12/02/2024	Howard, Donna
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 5375
Expenditure from corporate funds	Austin, TX 78763
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigh Continuation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	
Date	Payee name
12/02/2024	Huffman, Joan
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$10,000.00	3375 Westpark Dr
Expenditure from	
corporate funds	Houston, TX 77005
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>⊣</b>
Data	Davis asses
Date	Payee name
11/08/2024	Johnson, Nathan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 670994
Expenditure from corporate funds	Dallas, TX 75367
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh Continuation
Operation Children	Our Middle (Office health a grants
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORANCIO TO DOTIONE O/OI	•

### SCHEDULE F1

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

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/10 Rpt: 18/23	The Texas State University System PAC 00080359
4 Date	5 Payee name
11/08/2024	King, Phil
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 1913
F	
Expenditure from corporate funds	Weatherford, TX 76086
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
	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
11/08/2024	Middleton, Mayes
Amount (\$)	Payee address; City; State; Zip Code
\$1.500.00	PO Box 1526
Ψ1,300.00	1 O BOX 1320
Expenditure from corporate funds	Galveston, TX 77553
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 travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date 11/11/2024	Payee name  Maguel Christian
	Manuel, Christian
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3801 Turtle Creek Drive
Expenditure from corporate funds	Port Arthur, TX 77642
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 Continution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 6/10 Rpt: 19/23	2 FILER NAME The Texas State University System PAC 3 Filer ID (Ethics Commission Filers) 00080359
4 Date	5 Payee name
12/02/2024	McLaughlin, Don
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 1707
Expenditure from corporate funds	Uvalde, TX 78802
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/02/2024	Metcalf, Will
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 454
Expenditure from corporate funds	Conroe, TX 77305
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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/08/2024	Miles, Borris
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5302 Almeda Rd
. ,	
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 7/10 Rpt: 20/23	The Texas State University System PAC 00080359
4 Date	5 Payee name
12/02/2024	Nichols, Robert
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	214 East Commerce St.
Expenditure from corporate funds	Jacksonville, TX 75766
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/O	<del>1</del>
Date	Payee name
12/02/2024	Parker, Tan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 271741
42,000.00	1 0 30/(2/17/12
Expenditure from corporate funds	Flower Mound, TX 75027
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/Ol	
Data	
Date	Payee name
11/14/2024	Paxton, Angela
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2878
Expenditure from	
corporate funds	McKinney, TX 75070
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
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 Candidate/Officeholder/Political Committee

Event Expense
Fees
Fees
Food/Beverage Expense
Gitt/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)

Candidate/Officeholder/Politica Credit Card Payment	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: 8/10 Rpt: 21/23	The Texas State University System PAC 00080359
4 Date	5 Payee name
11/08/2024	Perry, Charles
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 94806
Expenditure from corporate funds	Lubbock, TX 79493
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.
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
12/02/2024	Schwertner, Charles
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
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.
LAFENDITORE	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
12/02/2024	Thompson, Senfronia
	· ·
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	10527 Homestead Rd.
Expenditure from corporate funds	Houston, TX 77016
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 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
Legal Services

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 9/10 Rpt: 22/23	The Texas State University System PAC 00080359	
4 Date	5 Payee name	
11/08/2024	West, Royce	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	320 S. RL Thornton Freeway	
Expenditure from corporate funds	Dallas, TX 75203	
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  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By 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 Whattan Tray	
11/08/2024	Wharton, Trey	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	1 Grapevine Circle	
- Evenanditura from		
Expenditure from corporate funds	Huntsville, TX 77320	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/Oi	л 	
Date	Payee name	
12/02/2024	Zaffirini, Judith	
Amount (\$)	Payee address; City; State; Zip Code	_
\$2,000.00	PO Box 627	
42,000.00		
Expenditure from	Levede TV 70042	
corporate funds	Laredo, TX 78042	
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/Oniceriolder/Political Committee Campaign Contribution	
	Sampaigh Sommodion	
Complete <u>ONLY</u> 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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Cal 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: 10/10 Rpt: 23/23	
4 Date	5 Payee name
12/02/2024	Zweiner, Erin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 184
— Formations from	
Expenditure from corporate funds	Driftwood, TX 78619
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	