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) 00085016 3 COMMITTEE NAME **OFFICE USE ONLY** Hospitality Health ER Political Action Committee Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 709 Red Sails Date Hand-delivered or Date Postmarked Change of Address Horseshoe Bay, TX 78657 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jeffery A. NAME NICKNAME LAST **SUFFIX** Addicks STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 709 Red Sails STREET **ADDRESS** (Residence or Business) Horseshoe Bay, TX 78657 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4801 Palm St. MAILING **ADDRESS** Bellaire, TX 77401 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 703-0314 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

2 COMMITTEE NAME				13 File	r ID	(Ethics Commission Filers)
Hospitality Health ER Poli	tical Action Committe	ee		1	85016	,
4 COMMITTEE 1	. Candidates	A. Supported				
	dentify by name or, if oplicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
2	. Measures	A. Supported				
(C	Describe by date and location election and nature of issue.)					
		B. Opposed				
(lo	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)					
5 CONTRIBUTION 1 TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANT MADE ELECTR	CONTRIBUTIONS (OTHER TH FEES OF LOANS, OR ONICALLY) higher itemization threshold	IAN	\$	0.00
2	TOTAL POLITICA	AL CONTRIB	-	NS)	\$	0.00
EXPENDITURE 3 TOTALS	. TOTAL UNITEMIZED	D POLITICAL E	EXPENDITURES		\$	0.00
4	· TOTAL POLITICA	AL EXPENDIT	TURES		\$	17,000.00
CONTRIBUTION 5 BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	37,581.00	
OUTSTANDING 6 LOAN TOTALS	. TOTAL PRINCIPAL A LAST DAY OF THE I		ALL OUTSTANDING LOANS A PERIOD	AS OF THE	\$	0.00
6 AFFIDAVIT						
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
				effery A. Addi		
			Signature	e of Campaign	rreasur	еі
AFFIX NOTARY ST	TAMP / SEAL ABOVE					
Sworn to and subscribed be	efore me, by the said			, this the _		day
of, 2						
Signature of officer admin	nistering oath	Drinted name	of officer administering oath	Title	of office	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		3 of 5			
17 COMMITTEE NAME Hospitality Health ER Political Action Committee	18 Filer ID 00085016	(Ethics Commission Filers)			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$			
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$			
9. SCHEDULE E: LOANS		\$			
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 17,000.00			
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 I	RETURNED	\$			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 1/2 Rpt: 4/5	Hospitality Health ER Political Action Committee 00085016						
4 Date	5 Payee name						
12/11/2024	Alders, Daniel (The Honorable)						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$2,500.00	PO Box 8907						
Expenditure from corporate funds	Tyler, TX 75711						
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						
	Contribution for State Representative campaign.						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Date	Payee name						
12/12/2024	Cook, Molly (The Honorable)						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,000.00	PO Box 667238						
Expenditure from corporate funds	Houston, TX 77266						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee						
	Contribution to State Senate Campaign.						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
experiordire to benefit C/O							
Date	Payee name						
11/05/2024	Cortes, Philip (The Honorable)						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,000.00	6219d Wildgrass Spur						
Expenditure from corporate funds	San Antonio, TX 78244						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee						
	Continuation for State Representative						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)			
	Sch: 2/2 Rpt: 5/5	Hospitality Health ER Political Action Committee 00085016				
4	Date	5 Payee name				
	12/02/2024	Creighton, Brandon (The Honorable)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,500.00	10235 Holly Grove Lane				
	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				
		Contribution for State Senate campaign.				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
	Date	Payee name				
	11/27/2024	Hughes, Bryan (The Honorable)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5,000.00	PO Box 450				
	, , , , , , , , , , , , , , , , , , , ,					
	Expenditure from corporate funds	Mineola, TX 75773				
	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 Austin TV, officeholder living supposes				
		Candidate/Officeholder/Political Committee				
		Contribution for State Seriale Campaign.				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	11/08/2024	Middleton, Mayes (The Honorable)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5,000.00	PO Box 300				
	Expenditure from corporate funds	Wallisville, TX 77597				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
		Contribution for State Senate Campaign				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experialitate to beliefft C/Of					
			·			