CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

Signature of offic	cer administering oath	Printed name of offi	cer administering oa	ith -	Title of officer admir	nistering oath
	, 20, to cer					,
Sworn to and subs	cribed before me, by the sai	d		, this tl	he	day
AFFIX NOTARY S	TAMP / SEAL ABOVE		Ç ta			
				-	e or Officeholder	
			1	Mr. Benjamin [D. Alders	
			that the report as or swear, or affirm, tha filed was made in go	t any error or on		
			Other reports: Is report not later than	the 14th busine	ss day after the dat	e I learned
			misrepresent the inf			
			Semiannual report was made in good fa			
		Check	< the box next to any	/ and all applical	ble statements:	
			ar, or affirm, under p orrect.	enalty of perjury	/, that this corrected	I report is true
EXPLANATION OF A check from TXOG	CORRECTION A PAC was missed and nee	ded to be added to the r	eport.			
COVERED	10/27/2024	THROUGH	12/31/2024			
ORIGINAL PERIOD	Month Day Yea		Month Day	Year	Date Imaged	
	8th day before election	Final Report (Attach	older only)		Date Processed	
	July 15	Exceeded modified re			Receipt #	Amount
ORIGINAL REPORT TYPE	X January 15	Runoff	Other (s	specify)		
	NICKNAME Daniel	LAST Alders		SUFFIX	Date Hand-delivered or	· Data Doctmorked
OFFICEHOLDER NAME	Mr.	Benjamin D.			01/17/2025	
CANDIDATE /	MS / MRS / MR	FIRST		MI		ALLY FILED
00087887	nics Commission Filers)	2 Total pages filed: 32			OFFICE U	JSE ONLY
	uce L'ommiccion Lilore)					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to co	nplete this form.	1 Filer ID (Ethics Commis 00087887	ssion Filers)	2 Total pages fil 3	led: 2
3 CANDIDATE /	MS / MRS / MR	FIRST	-	MI		JSE ONLY
OFFICEHOLDER NAME	Mr.	Benjamin D.			Date Received	
					ELECTRONICA	
					01/17/2025	
	NICKNAME	LAST		SUFFIX	01/1//2025	
	Daniel	Alders				
4 CANDIDATE /	ADDRESS / PO BOX; A	NPT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	PO Box 8907					
ADDRESS					Receipt #	Amount
Change of Address	Tyler, TX 75711				Data Drassand	
					Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Christopher L.				
NAME		ernstopher E.				
		LAST				
	NICKNAME	Wiesinger		SUFFIX		
		vilesinger				
0.000 DALON						
6 CAMPAIGN TREASURER	STREET ADDRESS (NO	PO BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	1929 S Beckham Ave					
(Residence or Business)						
	Tyler, TX 75701					
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
TREASURER	(214) 683-0567		EXTENSION			
PHONE	(214) 003-0507					
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff	15th day after car	mpaign treasurer
					appointment (offic	ceholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Ye			Month Day	Year	
COVERED	10/27/2024	TI	HROUGH	12/31/202	4	
		i				
10 ELECTION	ELECTION DATE					
	Month Day Ye	^{ar} ∐ [⊦]	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
				State Representa	ative District 6	
	1			I		
		<u> </u>				
			TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	thics.state.tx.us	6	Versi	on V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 32

13 C / OH NAME	Alders, Benjamin D. (Mr.)	14 Filer ID (00087887	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive not consent.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55,286.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 33,719.32
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 79,907.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Mr. Be	enjamin D. Alders	
		Signature of C	Candidate or Officehol	der
AFFIX NOT	TARY STAMP / SEAL ABO	DVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	r administering oath
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us	,	Version V4.1.0.5dd2ace2

รเ	JBT	OTALS - C/OH	с		FORM C/OH SHEET PG 3 4 of 32
18 FILE Ald		ME enjamin D. (Mr.)	19 Filer ID 00087887	(Ethics (Commission Filers)
		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	54,661.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	625.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	26,169.50
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	7,549.82
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	186.16

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/13 Rpt: 5/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alders, Benjamin D. (Mr.) 00087887 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/27/2024 Adams, Kyna \$100.00 6 Contributor address; City; State; Zip Code Tyler, TX 75701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2024 \$100.00 Alders, Will Contributor address; City; State; Zip Code Nacogdoches, TX 75961 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/04/2024 Austin III, Jeff \$1,000.00 Contributor address; City; State; Zip Code Jacksonville, TX 75766 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Austin Bank Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/10/2024 **Brookshire PAC** \$2,500.00 Contributor address; City; State; Zip Code Tyler, TX 75710 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/14/2024 \$250.00 Bumgarner, Caroline Contributor address; City; State; Zip Code Flower Mound, TX 75022 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 6/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Alders, Benj	jamin D. (Mr.)			00087887	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Capital Leadership Fund				\$250.00
		6 Contributor address; City; State; Zip Code				
_		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
			I			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/20/2024	Charter Schools Now PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Austin, TX 78704				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷=00.00
	11/04/2024	Chevron Employees PAC				\$500.00
		Contributor address; City; State; Zip Code				
		San Ramon, CA 94583				
	Principal occu	Jation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	F Intoipui 0000			'n		
_	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/28/2024	Cooper, Thomas	/		Allount of Continention (+)	\$100.00
	10/20/202	Contributor address; City; State; Zip Code				¥100.01
		Contributor audress, City, State, Zip Couc				
		Tyler, TX 75701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
			I			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Finley				\$250.00
		Contributor address; City; State; Zip Code		1		
		Driftwood, TX 78619				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
			ı			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

_					—		
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 7/32	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		amin D. (Mr.)				00087887	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/28/2024	Garrett, John					\$1,000.00
		6 Contributor address; City; Si	State; Zip Code		1		
		Tyler, TX 75701					
8		upation / Job title (See Instructions	5)	9 Employer (See Instructions	3)		
	Chairman			Southside Bank			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Gibson, Lee					\$1,000.00
		Contributor address; City; Si			1		
		Tyler, TX 75703					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	上 3)		
	CEO	, ,	,	Southside Bank	,		
—	Date	Full name of contributor			Τ	Amount of Contribution (\$)	
	Dale 12/14/2024	Gray, Brady	out-of-state PAC (ID#:	/			\$100.00
l	1 <i>21 141 202</i> -7						Φ100.00
		Contributor address; City; Si	tate; Zip Code	ļ			
		1		ļ			
		Brock, TX 76087		ļ			
⊢	Drincinal occi	upation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
	Flincipai occa	pation for the loce manuations	5)		<i>>)</i>		
-	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/13/2024	Gulf States Toyota State		/			\$500.00
	12/10/2024				-		ψυυυ.υυ
		Contributor address; City; Si	tate; Zip Code				
		Houston, TX 77077					
⊢	Principal occu	pation / Job title (See Instructions	<u></u>	Employer (See Instructions	\sum_{n}		
	Ρπιτοιραί στου		5)		3)		
╞	Date	Full name of contributor		<u> </u>	—	Amount of Contribution (\$)	
	12/04/2024	Hill, Marcus	out-of-state PAC (ID#:	/			\$100.00
	12/04/2024						Φ100.00
		Contributor address; City; Si	tate; Zip Code				
		Watauga, TX 76148					
	Dringing occu			Employer (See Instructions	$\sum_{i=1}^{n}$		
	Principal occu	upation / Job title (See Instructions	5)	Employer (See Instructions	3)		
			!	<u> </u>			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/13 Rpt: 8/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alders, Benjamin D. (Mr.) 00087887 Date 4 **5** Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/02/2024 Holland and Knight Texas PAC \$500.00 6 Contributor address; City; State; Zip Code Dallas, TX 75201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/27/2024 \$1,000.00 Home Depot PAC Contributor address; City; State; Zip Code Washington, DC 20004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/14/2024 \$10.00 Hootman, Joe Contributor address; City; State; Zip Code Austin, TX 78758 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Hospitality Health ER PAC \$2,500.00 Contributor address; City; State; Zip Code Bellaire, TX 77401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/28/2024 \$1,000.00 Hughey Jr., Gaylord Contributor address; City; State; Zip Code Tyler, TX 75702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/13 Rpt: 9/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alders, Benjamin D. (Mr.) 00087887 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/11/2024 Linebarger Goggan Blair & Sampson LLP \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78760 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Locke Lord LLP \$500.00 Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/11/2024 Marshall, Matthew \$500.00 Contributor address; City; State; Zip Code Tyler, TX 75703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/03/2024 \$50.00 Mathis, Ray Contributor address; City; State; Zip Code Bullard, TX 75757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 12/13/2024 \$250.00 Matz and Company LLC Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/13 Rpt: 10/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alders, Benjamin D. (Mr.) 00087887 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/06/2024 McGee, Edgar \$200.00 6 Contributor address; City; State; Zip Code Flint, TX 75762 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$167.00 McRae, Cody Contributor address; City; State; Zip Code Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/20/2024 \$50.00 Moore, Nancy Contributor address; City; State; Zip Code Tyler, TX 75703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/27/2024 \$1,000.00 **NRG Energy PAC** Contributor address; City; State; Zip Code Princeton, NJ 08540 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/13/2024 \$167.00 Nall, Michael Contributor address; City; State; Zip Code Kingwood, TX 77345 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 11/32	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		amin D. (Mr.)				00087887	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_		_) 7	Amount of Contribution (\$)	
	11/04/2024	Perkins, James					\$5,000.00
		6 Contributor address; City; St	tate; Zip Code				
		Tulor TV 75711					
Q	Drincinal occu	Tyler, TX 75711 Ipation / Job title (See Instructions	<u></u>	9 Employer (See Instru	(otions)		
0	President		·)	Citizens First Bank			
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	12/03/2024	Pressoir, Drew					\$100.00
		Contributor address; City; St					
		Tyler, TX 75701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instru	ictions)		
		 					
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/28/2024	Simmons, Danny					\$50.00
		Contributor address; City; St					
		Tyler, TX 75701					
	Drincinal occu	Ipation / Job title (See Instructions	<u></u>	Employer (See Instru	(ations)		
	Fillicipai occu		<i>`)</i>	Employer (occ moad	luunaj		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/22/2024	Smith County Republican	Women				\$3,000.00
		Contributor address; City; St	tate; Zip Code				
		Tulor TV 75711					
	Bringinal occi	Tyler, TX 75711	-)	Employor (See Instru	(ations)		
	Ρπησιραί υτου	pation / Job title (See instructions	;)	Employer (See Instru	ICUUIIS)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/28/2024	Soules Sr., John					\$500.00
		Contributor address; City; St	tate: Zip Code				
		· · · · · ·					
		Tyler, TX 75703					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instru	ictions)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/13 Rpt: 12/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alders, Benjamin D. (Mr.) 00087887 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/09/2024 Sprunger, Adam \$100.00 6 Contributor address; City; State; Zip Code Tyler, TX 75703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/06/2024 \$1,000.00 **TBA Bank PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/13/2024 **TNLA PAC** \$1,000.00 Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/27/2024 \$1,000.00 **TXOGA PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/13/2024 \$500.00 **TXTA TruckPAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/13 Rpt: 13/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alders, Benjamin D. (Mr.) 00087887 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/10/2024 Texans United For a Conservative Majority \$5,000.00 6 Contributor address; City; State; Zip Code Victoria, TX 77901 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Texans for Reasonable Solutions PAC \$500.00 Contributor address; City; State; Zip Code Austin, TX 78741 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/13/2024 Texas Association of Health Plans PAC \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$500.00 **Texas Dairymen PAC** Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 11/20/2024 \$500.00 **Texas Dental Association** Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1:	
					Sch: 10/13 Rpt: 14/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_		amin D. (Mr.)		L	00087887	
4	Date 12/13/2024	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	¢250.00
	12/13/2024	Texas Early Childcare PAC				\$250.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/04/2024	Texas Food & Fuel Association PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Princinal occu	austin, 1X 78701	Employer (See Instructions)	<u> </u>		
	r moipai oooa)		
_	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Texas Land Title Association PAC	/		, where or equilibrium (,	\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
_				_		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ1 000 00
	12/13/2024	Texas Lobby Partners LLP				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/28/2024	Texas Medical Association PAC				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)			
	T moipar ooca)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/13 Rpt: 15/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alders, Benjamin D. (Mr.) 00087887 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/13/2024 **Texas Medical Association PAC** \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$300.00 **Texas Poultry PAC** Contributor address; City; State; Zip Code Round Rock, TX 76681 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/13/2024 **Texas Sands PAC** \$4,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/27/2024 **Texas Trial Lawyers Association PAC** \$1,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 12/13/2024 Texas and Southwestern Cattle Raisers Assoc. State PAC \$1,500.00 Contributor address; City; State; Zip Code Fort Worth, TX 76185 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/13 Rpt: 16/32 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alders, Benjamin D. (Mr.) 00087887 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/13/2024 The American Electric Power Company Texas Committee For \$500.00 6 Contributor address; City; State; Zip Code Washington, DC 20004 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$500.00 The Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/13/2024 \$500.00 The Posey Law Firm Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$167.00 Tracy, Charles Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 12/13/2024 \$500.00 Verizon Communications Inc. Good Government Club Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 13/13 Rpt: 17/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Alders, Benj	amin D. (Mr.)			00087887	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/20/2024	Vistra Employee PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		ł		
		Irving, TX 75039				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	Whitley, David				\$250.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78735	-			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/13/2024	Wholesale Beer Distributors PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
	<u> </u>	Austin, TX 78701	1	Ļ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
_				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Wine and Spirits Wholesalers of Texas PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		Austin TV 70701				
	Dringing occ	Austin, TX 78701		$\overline{\Gamma}$		
	Principai occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>محم مم</u>
	10/29/2024					\$50.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75703				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	r moipa ooca			<i>''</i>		
-						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 18/32			
2 FILER NAME Alders, Benjamin D. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087887			
1						
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	6			
5 Date 12/11/2024			8 Amount of 9 In-kind contribution contribution (\$) description \$350.00 Email communications for event			
	Austin, TX 78763		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: TREPAC/Texas Association of Realtors PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) \$125.00 I Advertising expense for fundraising event			
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$150.00 Campaign Fundraiser			
	Austin, TX 78701		I Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 1/8 Rpt: 19/32	Alders, Benjamin D. (Mr.)	00087887						
4	Date 12/13/2024	5 Payee name Alders, Daniel							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
•	\$4,920.75	1306 Wilma St. Tyler, TX 75701							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense DURSEMENT						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/13/2024	Alders, Daniel							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$3,000.00	1306 Wilma St. Tyler, TX 75701							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Sement						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/28/2024	Chase							
	Amount (\$) \$1,157.80	Payee address; City; State; Zip Code 270 Park Ave.							
		New York, NY 10017							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ayment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office O Polling E ense Printing Salaries/	verhead/l xpense Expense Wages/C	Reimbursement Rental Expense Contract Labor e this form.		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER	NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/8 Rpt: 20/32	Alders	, Benjamin D. (Mr.)					00087887		
4	Date	Payee	name							
	10/29/2024	Chase								
6	Amount (\$)	Payee	address; City;	State; Zip C	ode					
	\$6,490.66	270 Pa	ark Ave.							
		New Y	ork, NY 10017		ī					
8	PURPOSE OF		ry (See Categories listed at the to	p of this schedule)	(b) [Description				
	EXPENDITURE	Credit	Card Payment		ļļ			de of Texas. Comp officeholder living		
						Credit Card P			capende	
							,			
9	Complete ONLY if direct expenditure to benefit C/OF	Candidat	te/Officeholder name	Office so	ught			Office he	ld	
	Date	Payee	name							
	11/21/2024	Chase								
	Amount (\$)	Payee	address; City;	State; Zip C	ode					
	\$728.53	270 Pa	ark Ave.							
		New Y	ork, NY 10017		T					
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the to Card Payment	p of this schedule)			, тх,	de of Texas. Comp officeholder living Ment		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	te/Officeholder name	Office so	ught			Office he	ld	
	Date	Payee	name							
	12/13/2024	Chase								
-	Amount (\$)	Payee	address; City;	State; Zip C	ode					
	\$89.47	-	ark Ave.							
			ork, NY 10017		1					
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the to Card Payment	p of this schedule)			, тх,	de of Texas. Comp officeholder living ment		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	te/Officeholder name	Office so	ught			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exp Fees Food/Bev Gift/Awar nmittee Legal Ser	oense erage Expense ds/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	aymer rhead bense (pense (ages/	t/Reimbursement /Rental Expense e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/8 Rpt: 21/32		Alders, Benjamin [D. (Mr.)					00087887	
4	Date	5	Payee name							
	12/16/2024		Chase							
6	Amount (\$)	7	Payee address;	City; State	e; Zip Co	de				
	\$5.00		270 Park Ave.							
			New York, NY 100	17						
8	PURPOSE	(a)	Category (See Catego	ries listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Credit Card Payme	ent					de of Texas. Comp officeholder living	
							Credit Card P			expense
								,		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ght			Office he	eld
	Date		Payee name							
	11/20/2024		Drogin Group							
	Amount (\$)		Payee address;	City; State	e; Zip Co	de				
	\$3,941.08		401 W 15th St.							
			Ste. 845							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Catego	ries listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Consulting Expense	se					de of Texas. Comp officeholder living	
							Digital Marke			expense
							9		,	
	Complete ONLY if direct		andidate/Officeholde	r name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	Н				-				
	Date	Γ	Payee name							
	12/04/2024		EQ Real Estate							
	Amount (\$)		Payee address;	City; State	e; Zip Co	de				
	\$2,495.00		505 W 41st St.							
			Austin, TX 78751							
	PURPOSE OF	(a)		ries listed at the top of this so	chedule)	(b)	Description			
	EXPENDITURE		Office Overhead/R	ental Expense					de of Texas. Comp officeholder living	
							Office Rent			
	Complete <u>ONLY</u> if direct		Candidate/Officeholde	r name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	O P bense P S	office Overh olling Expe rinting Expe alaries/Wag	ense jes/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	PILER	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/8 Rpt: 22/32	Alder	s, Benjamin D. (Mr.)					00087887	
4	Date	Payee	name						
	12/04/2024	EQ R	eal Estate						
6	Amount (\$)	Payee	address; City;	State; Z	Zip Code	9			
	\$2,417.01	505 V	/ 41st St.						
		Austir	n, TX 78751						
8	PURPOSE OF		Ory (See Categories listed at the te		lle) (I) Description			
	EXPENDITURE	Office	Overhead/Rental Exper	ise				de of Texas. Comp , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	Offi	ce sough	it		Office he	eld
	Date	Payee	name						
	11/06/2024	Engm	an, Victoria						
	Amount (\$)	Payee	address; City;	State; Z	Zip Code	9			
	\$280.00	133 C	copper Way						
		Elgin,	TX 78621						
	PURPOSE OF EXPENDITURE		Dry (See Categories listed at the tr Overhead/Rental Exper		_{ile)} (I		n, TX,	de of Texas. Comp , officeholder living :tance	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	Offi	ce sough	ıt		Office he	ld
	Data								
	Date 11/06/2024	Payee Friend	name 1, Daniel						
	Amount (\$)	Payee	address; City;	State; Z	Zip Code	9			
	\$150.00	2600	Gracy Farms Ln.						
		Apt. 8	17						
		Austir	n, TX 78758						
-	PURPOSE		Dry (See Categories listed at the to	on of this on-hody	(a)) Description			
	OF EXPENDITURE		overhead/Rental Exper		ile) (Check if travel	n, TX,	de of Texas. Comp officeholder living stance	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	Offi	ce sough	nt		Office he	ld

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Rep Office Ov Polling Ex Printing E Salaries/V	ayme erhea kpens xpens Xpens Vages	ent/Reimbursement Id/Rental Expense e se s/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 5/8 Rpt: 23/32	[Alders, Benjamin D. (Mr.)				ľ	00087887	
4	Date	5	Payee name						
•	11/26/2024		Smith County Republican Party						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode				
	\$250.00	\$250.00 3923 S Broadway Ave.							
			Tyler, TX 75701						
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Event Expense			Check if travel	outsi	ide of Texas. Com	nplete Schedule T.
	EXPENDITORE							, officeholder living	g expense
						Election Wate	ch I	Party	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office he	eld
	Date		Payee name						
	12/19/2024		Smith County Republican Women						
	Amount (\$)	┝		e; Zip Co	nde				
	\$100.00		3923 S Broadway Ave.	з, zip сс	Juc				
	\$100.00 3525 5 bloadway Ave.								
			Tyler, TX 75701						
_	PURPOSE	(a)	Catagony		(h)	Description			
	OF	(")	Category (See Categories listed at the top of this so Event Expense	hedule)	()		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Event Expense					, officeholder living	
						Cookie Aucti	on		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office he	eld
	expenditure to benefit C/OI			Office Soc	igin			Once h	
		_							
	Date		Payee name						
	10/30/2024		WinRed						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$3.94		1776 Wilson Blvd						
			Ste. 530						
			Arlington, VA 22219						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	EXPENDITURE		Fees						nplete Schedule T.
						Service Fees		, officeholder living	j expense
						Service rees)		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	lght			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo G nmittee Le	rent Expense ses bod/Beverage Expense ft/Awards/Memorials Ex gal Services he Instruction Guid	kpense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/8 Rpt: 24/32		Alders, Benja	min D. (Mr.)					00087887	
4	Date	5	Payee name							
	11/07/2024		WinRed							
6	Amount (\$)	7	Payee address	; City;	State;	Zip Co	de			
	\$39.40		1776 Wilson	Blvd						
			Ste. 530							
			Arlington, VA	22219						
	BUBBOOF	<u> </u>					(1-)			
8	PURPOSE OF	(a)	,	Categories listed at the	top of this sch	edule)	(b) Description	outoi	ide of Texas. Com	nlata Cabadula T
	EXPENDITURE		Fees						, officeholder living	•
							Service Fees		, enternoider innig	, oxponiou
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office souç	ght		Office he	eld
	Date		Payee name							
	12/06/2024		WinRed							
	Amount (\$)		Payee address	; City;	State:	Zip Co	le			
	\$5.91		1776 Wilson	-	Otato,	2.0 000				
	ψ0.01			5100						
			Ste. 530							
			Arlington, VA	22219						
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	•
									, officeholder living	expense
							Service Fees			
	Complete ONLY if direct		Candidate/Office	holder name	C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	12/09/2024		WinRed							
-	Amount (\$)		Payee address	; City;	State	Zip Co	de			
	\$3.94		1776 Wilson			- 000				
	\$010 T			5174						
			Ste. 530							
			Arlington, VA	22219						
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees						ide of Texas. Com	
									, officeholder living	expense
							Service Fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ght		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)																	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	e Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense								
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)								
	Sch: 7/8 Rpt: 25/32			amin D. (Mr.)					00087887									
4	Date	5	Payee name															
	12/12/2024		WinRed															
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de											
	\$3.94		1776 Wilson	Blvd														
			Ste. 530															
			Arlington, VA	22219														
_	BUBBOOF		-	(22213			(L-)											
8	PURPOSE OF	(a)		e Categories listed at the	e top of this sch	edule)	(b) Description	outoi	ide of Texas. Com	plata Sabadula T								
	EXPENDITURE		Fees						, officeholder living	•								
							Service Fees		, enternoider innig	, oxponed								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Dffice sou	Jht		Office he	eld								
	Date		Payee name															
	12/16/2024		WinRed															
	Amount (\$)		Payee addres	s; City;	State	Zip Co	le											
	\$29.55		1776 Wilson	-	e tato,	p 00												
	ψ29.33			bivu														
			Ste. 530															
			Arlington, VA	A 22219														
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sch	edule)	(b) Description											
	OF EXPENDITURE		Fees						ide of Texas. Com	•								
									, officeholder living	expense								
							Service Fees	;										
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	pht		Office he	eld								
	expenditure to benefit C/OI	Н																
	Date		Payee name															
	12/17/2024		WinRed															
	Amount (\$)		Payee addres	s; City;	State	Zip Co	10											
	\$39.40		1776 Wilson		Ciuic,													
	ψ00.40			biva														
			Ste. 530															
			Arlington, VA	A 22219														
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sch	edule)	(b) Description											
	OF EXPENDITURE		Fees				Check if travel	outsi	ide of Texas. Com	plete Schedule T.								
	LAFENDITORE								, officeholder living	expense								
							Service Fees	;										
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	jht		Office he	eld								
	expenditure to benefit C/OI	Н																

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Committee	EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repaymer Office Overheac Polling Expense Printing Expense Salaries/Wages	nt/Reimbursement I/Rental Expense e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:			• • • •		3 Filer ID	(Ethics Commission Filers)		
Ľ	Sch: 8/8 Rpt: 26/32		⊢ njamin D. (Mr.)			00087887			
	-		<u> </u>			00087887			
4	Date 12/19/2024	5 Payee name WinRed	•						
6	Amount (\$) \$18.12	7 Payee addre 1776 Wilsc Ste. 530 Arlington, V	n Blvd	e; Zip Code					
8	PURPOSE OF EXPENDITURE	(a) Category _{(s} Fees	See Categories listed at the top of this s	chedule) (b)		utside of Texas. Com TX, officeholder livinç			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ïceholder name	Office sought		Office he	eld		

	EXPE	ENDITURE CATEGORIE	S FOR BOX	10(a)					
Advertising Expense Accounting/Banking	Event Expe Fees	ense Lo Of	an Repayment/R fice Overhead/Re	eimbursement So ental Expense Tr	olicitation/Fundraising E ansportation Equipmer		Exnense		
Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense Po	Iling Expense	Tr	avel in District avel Out of District	it a riolatou i	Experies		
Candidate/Officeholder/Politica			laries/Wages/Co		THER (enter a category	/ not listed al	bove)		
	The Inst	ruction Guide explains how	to complete	this form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 1/5 Rpt: 27/32	Alders, Benjamin D	. (Mr.)			00087887				
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED					
ISSUER	СН	ASE		IDITURES GED TO A CREDIT	\$				
			CARD						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
	\$6,490.66	10/27/2024							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
			401 N 46	6th St.					
	CAMP Political LLC								
			Oklahom	a City, OK 7310	5				
8 PURPOSE OF	(a) Category		(b) Descri	ption					
EXPENDITURE	(See Categories listed at the top Solicitation/Fundraisir	,	Fundrais	ing Letter					
X Political	Solicitation/Furiuraisii	iy Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living expe	ense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid					
	\$291.33	10/30/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
			701 Congress Ave.						
	SFA Royal Sonesta	a Hotel							
			Austin, T	X 78701					
PURPOSE OF	(a) Category		(b) Descri	ption					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Hotel for	TPPF					
X Political	Traver Out of District								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
	\$284.75	10/31/2024							
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code		
			PO Box 3	397					
	Wallbuilders								
			Aledo, T	X 76008					
PURPOSE OF	(a) Category		(b) Descri						
	(See Categories listed at the top of this schedule) Event Expense		Event Ex	pense					
X Political	Ditical								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel in District Travel Out of District OTHER (enter a cated	ment & Related E				
		The Inst	ruction Guide explains h	now to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)				
	Sch: 2/5 Rpt: 28/32	Alders, Benjamin D	. (Mr.)		00087887					
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZE						
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CRE CARD	CHARGED TO A CREDIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
		\$56.93	11/05/2024							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				4186 S Broadway Ave						
		Raising Cane's								
				Tyler, TX 75701						
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Food/Beverage Exper	•	Volunteer Lunch						
	X Political	Food/Deverage Lyper	1130							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living e	expense				
9	Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held					
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue							
		\$58.78	11/06/2024							
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
				6421 S Broadway Ave						
		Another Broken Eg	g	#130						
				Tyler, TX 75703						
	PURPOSE OF	(a) Category		(b) Description						
		(See Categories listed at the top Food/Beverage Exper	,	Team Meeting						
	X Political	· · · · · · · · · · · · · · · · · · ·								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living e	expense				
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held					
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
		\$40.56	11/11/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		SFA Royal Sonesta	Hotel	701 Congress Ave.						
				Austin, TX 78701						
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)				(b) Description						
Ecod/Beverage Expense			Lunch Meeting							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					, TX, officeholder living e	expense				
	Complete ONLY if direct	Candidate/Officeholder	office sought	Office held						
e	xpenditure to benefit C/OH									

Forms provided by Texas Ethics Commission

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking	Event Expe Fees	ense		Solicitation/Fundraisir Transportation Equip		Zynonco			
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District	neni a Reialeu i	_xpense			
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices		Travel Out of District OTHER (enter a cate	gory not listed at	oove)			
		The Inst	ruction Guide explains h	now to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)			
	Sch: 3/5 Rpt: 29/32	Alders, Benjamin D	. (Mr.)		00087887					
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED						
	ISSUER	see pi	revious	EXPENDITURES	_ \$					
				CHARGED TO A CREDI CARD	1					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
		\$81.77	11/11/2024							
		**								
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				701 Congress Ave.						
		SFA Royal Sonesta	a Hotel							
				Austin, TX 78701						
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking						
	X Political	Travel Out of District								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T.	X, officeholder living	expense				
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held					
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
		\$22.76	11/12/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		ALoft		109 E 7th St.						
		ALUII								
				Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
		Food/Beverage Exper	,	Team Meeting						
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		X, officeholder living e	expense				
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held					
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
		\$10.83	11/16/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Omni Las Colinas		221 Las Colinas Blvd. E						
			Irving, TX 75039							
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description							
Travel Out of District			Conference Parking							
	X Political		of Texas. Complete Schedule		X, officeholder living e	expense				
		(c) Check if travel outside Candidate/Officeholder		T. Check if Austin, T.	X, officeholder living e Office held	expense				

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Awards	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraisir Transportation Equipr Travel in District Travel Out of District OTHER (enter a cate	ment & Related E				
1 Total names Cabadula E4:	· · · · · · · · · · · · · · · · · · ·	fuction Guide explains	now to complete this form.		thias Commiss	ion Filoro)			
1 Total pages Schedule F4:				3 Filer ID (E	inics Commiss	ion Fliers)			
Sch: 4/5 Rpt: 30/32	Alders, Benjamin D	. ,		00087887					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
	\$38.98	11/16/2024							
7 PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code			
	Omni Las Colinas		221 Las Colinas Blvd.	E					
			Irving, TX 75039						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Conference Parking						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living e	expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Dffice sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
	\$28.00	11/18/2024							
PAYEE	(a) Payee name Omni PGA Frisco R	Resort	(b) Payee address; 4341 PGA Parkway Frisco, TX 75033	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Conference Parking						
Non-Political		of Tourse, Oommister Ooksedul		TV offerskelder binner					
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	n, TX, officeholder living e	expense				
expenditure to benefit C/OH	Cultural date, Childenolder		Shiel Sought						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
	\$35.23	12/03/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	AT&T Hotel		1900 University Ave.						
PURPOSE OF	(a) Category		Austin, TX 78705 (b) Description						
	(See Categories listed at the top Food/Beverage Exper	Lunch Meeting							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living e	expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								

EXPENDITURE CATEGORIES FOR BOX 10(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra		blicitation/Fundraising Expense ansportation Equipment & Related Expense 'avel in District avel Out of District THER (enter a category not listed above)							
	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)										
Sch: 5/5 Rpt: 31/32	Alders, Benjamin D		00087887									
4 CREDIT CARD ISSUER	Name of finar see pr	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	ES	\$								
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid							
	\$15.64	12/06/2024										
7 PAYEE	(a) Payee name		(b) Payee address	3;	City,	State,	Zip Code					
	Capital Grille		117 W 4th St.									
			Austin, TX 7870)1								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Food/Beverage Exper	(b) Description Lunch Meeting										
X Political												
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule		k if Austin, TX, c	officeholder living e	xpense						
Complete ONLY if direct Candidate/Officeholder name Office sought					Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged \$28.60	(b) Date of Charge 12/11/2024	(c) Date(s) Credit	Card Issuer	Paid							
PAYEE	(a) Payee name		(b) Payee address	3:	City,	State,	Zip Code					
	Chili Parlor		1409 Lavaca St		,	,	p = = = = =					
PURPOSE OF	(a) Category	Austin, TX 78701										
EXPENDITURE	(See Categories listed at the top	(a) Category (See Categories listed at the top of this schedule)		(b) Description Lunch Meeting								
X Political	Food/Beverage Exper	5										
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule	T. Chec	k if Austin, TX, c	officeholder living e	xpense						
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid							
	\$65.00	11/26/2024										
PAYEE	(a) Payee name		(b) Payee address	3;	City,	State,	Zip Code					
	EQ Real Estate 505 W 4		505 W 41st St.									
	(a) Category		Austin, TX 78751									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of		(b) Description Rental Application Fee									
X Political	Fees											
Non-Political	(c) Check if travel outside of		k if Austin, TX, c	officeholder living e	xpense							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule K: Sch: 1/1 Rpt: 32/32			
2 FILER NAME 3						D (Ethics Commission Filers)		
Alders, Benjamin D. (Mr.)						7887		
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	11/12/2024		Amazon			\$186.16		
		6	Address of person from whom amount is received; City; State; Zip Code					
		ľ						
			Seattle, WA 98109					
		7		oolitio	cal cont	ribution returned to filer		
			Refund of campaign vests					
-								