CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088502 Date Received COMMITTEE Texans for Reasonable Solutions PAC **ELECTRONICALLY FILED** NAME 02/26/2025 TREASURER Matthews, Stephanie NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Month Day Year Day Date Imaged **COVERED THROUGH** 10/27/2024 12/31/2024 **EXPLANATION OF CORRECTION** Texans for Reasonable Solutions PAC is amending the January semiannual report to add an expenditure to Schedule F1 that was not reported on the filed report. This omission was made in error inadvertently and there was no intent to mislead the public or the Texas Ethics Commission. TFRS PAC has reviewed and adjusted their reporting procedures to ensure such an ommission does not occur in the future. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Stephanie Matthews Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the _____ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00088502 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Reasonable Solutions PAC Date Received **ELECTRONICALLY FILED** 02/26/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2028 East Ben White Blvd. Date Hand-delivered or Date Postmarked #240-1318 Change of Address Austin, TX 78741 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Stephanie NAME NICKNAME LAST **SUFFIX** Matthews STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2028 East Ben White Blvd. STREET **ADDRESS** #240-1318 (Residence or Business) Austin, TX 78741 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2028 East Ben White Blvd. MAILING **ADDRESS** #240-1318 Austin, TX 78741 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 789-9044 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 11/06/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Texans for Reasonal	le Solutions PAC		00088502	2	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Adam Hinojosa State Senator			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	0.00	
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	100,000.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	AL EXPENDITURES	\$	89,445.58	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	52,022.10	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT			<u>'</u>		
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Stephanie	e Matthews		
		Signature of Cal	mpaign Treas	surer	
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed before me, by the said _	, th	nis the	day	
		which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title of off	ficer administering oath	

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC			00088502	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brian Birdwell State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Charles Perry State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		onance rong characteristics		
	(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	Brandon Creighton State Senat	or	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC			00088502	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donna Campbell State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Mayes Middleton State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		mayor imadicion chare contact		
	(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	Molly Cook State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC			00088502	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Royce West State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
	COMMITTEE	applicable, classify by party.) 1. Candidates		Sarah Eckhardt State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Salah Eckhardi State Sehator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.))			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Phil King State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)	<u>'l</u>			

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COMMITTEE NAME					Commission Filers)
Texans for Reasonable	Solutions PAC			00088502	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		AJ Louderback State Represer	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Alan Schoolcraft State Represe	entative	
(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.)		Alma Allen State Representativ	е	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE N	IAME				13 Filer ID	(Ethics Commission Filers)	
Texans for Re	easonable Solutions PAC				00088502		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ana Hernande	ez State Represer	resentative		
(Attach lists on paper to comple report if necess	ete this	B. Opposed					
	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	1. Candidates	A Supported	Andy Hopper	State Representa	tivo		
ACTIVITY	(Identify by name or, if applicable, classify by party.		Анау поррег	State Representa	uve		
(Attach lists on paper to comple report if necess	ete this	B. Opposed					
	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	Angelia Orr S	tate Representativ	/e		
(Attach lists on paper to comple report if necess	ete this	B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	.)					

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					Page 9 01 65
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Reasonable	Solutions PAC			00088502	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Angie Chen Button State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armando Walle State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Barbara Gervin-Hawkins State F	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			
	Officeholders Assisted (Identify by name or, if)				
	applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC			00088502	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Brent Money State Representat	ive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Briscoe Cain State Representat	ive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Dissol Gair Glate Representati		
	(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	Brooks Landgraf State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Reasonable		_		00088502	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Caroline Fairly 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.)		Caroline Harris-Davila State Re	presentative	
(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.)		Carrie Isaac State Representativ	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)		
Texans for Reasonable	Solutions PAC			00088502		
	Candidates (Identify by name or, if applicable, classify by party.)		ported Charlie Geren State Representative			
paper to complete this		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.)					
	1. Candidates	A. Supported	Claudia Ordaz Perez State Rep	resentative		
	(Identify by name or, if applicable, classify by party.)					
paper to complete this		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	Candidates (Identify by name or, if applicable, classify by party.)		Cody Harris State Representativ	/e		
paper to complete this		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.)					
		Texans for Reasonable Solutions PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 1. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted	Texans for Reasonable Solutions PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) A. Supported (Attach lists on plain paper to complete this report if necessary.) B. Opposed COMMITTEE (Attach lists on plain paper to complete this report if necessary.) B. Opposed COMMITTEE (Attach lists on plain paper to complete this report if necessary.) B. Opposed COMMITTEE (Attach lists on plain paper to complete this report if necessary.) B. Opposed B. Opposed A. Supported (Bestife by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed	Texans for Reasonable Solutions PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) ACTIVITY (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.)		

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC				00088502	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner S	State Representativ	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A Supported	Daniel Alders	State Representa	tivo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Daniel Aluers	State Representa	uve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	David Lowe S	state Representativ	/e	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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COMMITTEE NAME				40 Files ID (Ethina Commission Files)
				13 Filer ID (Ethics Commission Filers)
				00088502
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Spiller State Representati	ive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Denise Villalobos State Represe	entative
(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.)		Dennis Paul State Representation	ve
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.)	A. Supported (dentify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.)	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of fasue.) 3. Officeholders Assisted (Describe by date and location of election and nature of soue.) 3. Officeholders Assisted (Describe by date and location of election and nature of soue.) 3. Officeholders Assisted (Describe by date and location of election and nature of soue.) 4. Supported Denise Villalobos State Representation of election and nature of soue.) 5. Opposed Denise Villalobos State Representation of election and nature of soue.) 6. Opposed Denise Villalobos State Representation of election and nature of soue.) 7. Measures (Describe by date and location of election and nature of soue.) 8. Opposed Denise Villalobos State Representation of election and nature of soue.) 8. Opposed Denise Villalobos State Representation of election and nature of soue.) 8. Opposed Denise Villalobos State Representation of election and nature of soue.) 8. Opposed Denise Villalobos State Representation of election and nature of soue.) 8. Opposed Denise Villalobos State Representation of election and nature of soue.) 8. Opposed Denise Villalobos State Representation of election and nature of soue.) 8. Opposed Denise Paul State Representation of election and nature of soue.) 9. Opposed Denise Paul State Representation of election and nature of soue.) 9. Opposed Denise Paul State Representation of election and nature of soue.) 9. Opposed Denise Paul State Representation of election and nature of soue.) 9. Opposed Denise Paul State Representation of election and nature of soue.) 9. Opposed Denise State Representation of election and nature of soue.

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MMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
					(==::::::::::::::::::::::::::::::::::::
xans for Reasonable		.		00088502	
MMITTEE TIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Diego Bernal State Representat	tive	
each lists on plain per to complete this ort 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.)				
MMITTEE	1. Candidates	A. Supported	Don McLaughlin State Represer	ntative	
TIVITY	(Identify by name or, if applicable, classify by party.)				
each lists on plain oer to complete this ort if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
MMITTEE TIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donna Howard State Represent	tative	
each lists on plain per to complete this ort 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.)				
	TIVITY ach lists on plain er to complete this	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain ter to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed

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12 COMMITTEE NA	ME				13 Filer ID	(Ethics Commission Filers)
Texans for Rea	sonable Solutions PAC				00088502	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.		Dr. Brad Buckle	y State Represe	entative	
(Attach lists on pl paper to complete report if necessar	e this	B. Opposed				
	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	1. Candidates	A Supported	Drew Darby Sta	to Depresentati	/0	
ACTIVITY	(Identify by name or, if applicable, classify by party.		Diew Daiby Su	ale Representativ	ve	
(Attach lists on pl paper to complete report if necessar	e this	B. Opposed				
	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	Dustin Burrows	State Represent	tative	
(Attach lists on pl paper to complete report if necessar	e this	B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				-
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texans for Reasonable	Solutions PAC				00088502	
	Candidates (Identify by name or, if applicable, classify by party.)		Ellen Troxclai	State Representa	ative	
paper to complete this		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.)					
	Candidates (Identify by name or if	A. Supported	Eric Zwiener	State Representati	ive	
paper to complete this		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.)					
	Candidates (Identify by name or, if applicable, classify by party.)		Cecil Bell Jr.	State Representati	ive	
paper to complete this		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.)					
		Texans for Reasonable Solutions PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Texans for Reasonable Solutions PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Texans for Reasonable Solutions PAC COMMITTEE (dentity by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) COMMITTEE (ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed	Texans for Reasonable Solutions PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported D. Opposed A. Supported D. Opposed A. Supported D. Opposed D. Opposed	Texans for Reasonable Solutions PAC COMMITTEE ACTIVITY ACTIVITY

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COMMITTEE NAME Texans for Reasonable COMMITTEE COTIVITY Attach lists on plain	Solutions PAC 1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Tom Oliverson State Represent	13 Filer ID (Ethics Commission Filers) 00088502
COMMITTEE CTIVITY Attach lists on plain	Candidates (Identify by name or, if	A. Supported	Tom Oliverson, State Benresent	
CTIVITY Attach lists on plain	(Identify by name or, if	A. Supported	Tom Oliverson State Penrosent	
Attach lists on plain	l		Tom Onversor State Represent	ative
aper to complete this eport 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	1. Candidates	A. Supported	Gary VanDeaver State Represe	entative
CTIVITY	(Identify by name or, if applicable, classify by party.)		•	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
COMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Gina Hinojosa State Representa	ative
Attach lists on plain aper to complete this eport 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.)			
	Attach lists on plain aper to complete this port if necessary.) OMMITTEE CTIVITY Attach lists on plain aper to complete this	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this apport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	A. Supported (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY Attach lists on plain aper to complete this aport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY Attach lists on plain aper to complete this applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed	a. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and loading of ledetion and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 3. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 3. Opposed 3. Opposed 3. Opposed 3. Opposed 4. Supported 5. Supported 6. Opposed 6. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.)

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texans for Reasonable					00088502	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Helen Kerwin	State Representa	ative	
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	1. Candidates (Identify by name or, if applicable, classify by party.)		Hillary Hicklan	d State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	Assisted (Identify by name or, if					

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					Fage 20 01 03
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Reasonable	Solutions PAC			00088502	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		J.M. Lozano State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		James Talarico State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Janie Lopez State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC			00088502	
14	COMMITTEE	1. Candidates	A. Supported	Janis Holt State Representative		
	ACTIVITY	(Identify by name or, if		·		
		applicable, classify by party.)				
	(Attach lists on plain		B. Opposed			
	paper to complete this report if necessary.)					
	report ii riceessai y.)					
		2. Measures	A. Supported			
		(Describe by date and location of election and				
		nature of issue.)				
			B. Opposed			
		3. Officeholders				
		Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE	Candidates	A. Supported	Jeff Barry State Representative		
	ACTIVITY	(Identify by name or, if		•		
		applicable, classify by party.)				
	(Attach lists on plain		B. Opposed			
	paper to complete this report if necessary.)					
	, ,,					
		2. Measures	A. Supported			
		(Describe by date and location of election and				
		nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE	1. Candidates		Jeff Leach State Representative	:	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	74 m - 1 M -					
	(Attach lists on plain paper to complete this		B. Opposed			
	report if necessary.)					
		2. Measures	A. Supported			
		(Describe by date and location of election and				
		nature of issue.)	D. Opposed			
			B. Opposed			
		3. Officeholders				
		Assisted				
		(Identify by name or, if				
		applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC			00088502	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Joanne Shofner State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Joe Moody State Representativ	Α	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		July State Representativ	C	
	(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	John McQueeney State Repres	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC				00088502	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jon Rosenthal	State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A Supported	Katrina Pierson	State Penreson	tativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Raullia Fleisoli	State Represent	lalive	
	(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	Keith Bell State	Representative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC			00088502	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ken King 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	1. Candidates	A. Supported	Keresa Richardson State Repre	sentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		The second secon		
	(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	Lacy Hull 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.)				
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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
		_		00088502
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Marc Lahood State Representat	tive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Matt Morgan State Representati	ive
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mitch Little State Representative	9
(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 (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported (Identify by name or, if applicable, classify by party.) 5. COMMITTEE (Identify by name or, if applicable, classify by party.) 6. Opposed (Identify by name or, if applicable, classify by party.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.)	Committee Comm

FORM GPAC ADDENDUM

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COMMITTEE NAME Texans for Reasonable COMMITTEE	Solutions PAC			13 Filer II	
	Solutions PAC				
COMMITTEE					8502
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Morgan Meyer State	Representative	
Attach lists on plain paper to complete this eport 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	Candidates	A. Supported	Oscar Longoria, State	Representative	
ACTIVITY	(Identify by name or, if		Occur Longona Glace	rtoprocontacto	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Pat Curry State Repr	esentative	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	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 Attach lists on plain aper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain aper to complete this	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Committee (CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. Committee (Identify by name or, if applicable, classify by party.) 6. Committee (Identify by name or, if applicable, classify by party.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Committee (Identify by name or, if applicable, classify by party.) 9. Committee (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain larger to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted 4. Supported I. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted 4. Supported Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted 4. Supported Identify by name or, if applicable, classify by party.) B. Opposed	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 2. Measures (CTIVITY Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Committee of its or plain apper to complete this eport if necessary.) B. Opposed 2. Measures (Committee of its or plain applicable of its or plain apper to complete this eport if necessary.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable of its or plain applicable	2. Measures (Describe by date and location of election and rearre of issue.) 3. Officeholders Assisted (dentity by name or, if applicable, classify by parry.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and rearre of issue.) 3. Officeholders Assisted (dentity by name or, if applicable, classify by parry.) 2. Measures (Describe by date and location of election and rearre of issue.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by parry.) COMMITTEE CTIVITY 1. Candidates (dentity by name or, if applicable, classify by parry.) Attach lists on plain aper to complete this eport if necessary.) 8. Opposed 2. Measures (dentity by name or, if applicable, classify by parry.) Attach lists on plain aper to complete this eport if necessary.) 8. Opposed 9. Opposed 1. Candidates (dentity by name or, if applicable, classify by parry.) 8. Opposed 9. Opposed 1. Candidates (describe by date and location of election and rearre of issue.) 8. Opposed 9. Opposed 1. Candidates (describe by date and location of election and rearre of issue.) 8. Opposed 9. Opposed 1. Candidates (describe by date and location of election and rearre of issue.) 1. Opposed 1. Opposed 1. Opposed 1. Opposed

FORM GPAC ADDENDUM

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						1 ago 21 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Reasonable Solutions PAC					00088502	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Paul Dyson State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A Supported	Philip Cortez State Represent	ativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Fillip Cortez State Represent	auve	
	(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	Rafael Anchia State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC **ADDENDUM**

						Page 28 01 65
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable	Solutions PAC			00088502	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ramon Romero State Repres	entative	
	(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	Ron Reynolds State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ryan Guillen State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				

FORM GPAC ADDENDUM

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	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans for Reasonable				00088502	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)				Shelley Luther 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	A. Supported	Todd Hunter State Representati	ve	
		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			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Trey Martinez Fischer State Rep	oresentative	
	(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.)				
		applicable, classify by party.)				

FORM GPAC **ADDENDUM**

					Page 30 01 65
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans for Reasonable Solution	ons PAC			00088502	
ACTIVITY (Identify	Andidates by by name or, if ole, classify by party.)	A. Supported	Trey Wharton State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)	E	B. Opposed			
(Describ location	pe by date and of election and of issue.)	A. Supported			
	E	B. Opposed			
As (Identify	ficeholders ssisted by name or, if ole, classify by party.)				
ACTIVITY (Identify	andidates by pame or, if ole, classify by party.)	A. Supported	Valoree Swanson State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)	E	B. Opposed			
(Describ location	easures be by date and of election and of issue.)	A. Supported			
	E	B. Opposed			
As (Identify	ficeholders ssisted by by name or, if loe, classify by party.)				
ACTIVITY	andidates by pame or, if ole, classify by party.)	A. Supported	Vikki Goodwin State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)	E	B. Opposed			
(Describ	easures be by date and of election and of issue.)	A. Supported			
	E	B. Opposed			
As	ficeholders ssisted by name or, if				
applicat	ole, classify by party.)				

FORM GPAC ADDENDUM

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COMMITTEE NAME Texans for Reasonable	Solutions PAC			13 Filer ID	(Ethics Commission Filers)
Texans for Reasonable	Solutions PAC				
				00088502	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Vincent Perez State Representa	ative	
Attach lists on plain paper to complete this eport 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	A. Supported	Wes Virdell State Representativ	re	
Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
COMMITTEE ACTIVITY			Matt Shaheen State Representa	ative	
Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.)	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted A. Supported B. Opposed B. Opposed	Attach lists on plain larger to complete this eport if necessary.) 2. Measures	Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (defently by name or, if applicable, classify by party.) Attach lists on plain laper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 4. Supported Wes Virdell State Representative (dentity by name or, if applicable, classify by party.) B. Opposed 5. Opposed 6. Opposed 6. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 8. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Describe by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Describe by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Describe by date and location of election and nature of issue.) 1. Candidates (Describe by date and location of election and nature of issue.) 8. Opposed 9. Opposed 1. Candidates (Describe by date and location of election and nature of issue.) 8. Opposed 9. Opposed 1. Officeholders Assisted (Describe by date and location of election and nature of issue.) 8. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

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		EE NAME r Reasonable Solutions PAC	18 Filer ID 00088502	(Ethics Commission Filers)
	HEDULI		SUBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 100,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 89,445.58
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 F TO FILER	RETURNED	\$

	MONET	TARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instru	action Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 33/65	
2	FILER NAME Texans for F	: Reasonable Solutions PAC		3 Filer ID (Ethics Commission Filers) 00088502
4	Date 11/15/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$100,000.00
_	Deinainal assi	Austin, TX 78741-6931	O Franks ver (Coo Instruction	
8	Chair	upation / Job title (See Instructions)	9 Employer (See Instructions Texans for Reasonable	

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 Committ 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

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: 1/32 Rpt: 34/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	AJ Louderback Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip CodePO BOX 1792
Expenditure from corporate funds	Victoria, TX 77902
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
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Adam Hinojosa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 18301
Expenditure from corporate funds	Corpus Christi, TX 78480
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 expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Alan Schoolcraft Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	8647 FM 725
Expenditure from corporate funds	McQueeney, TX 78123
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

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 Comm 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 B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/32 Rpt: 35/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	Alma Allen Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 3717 Cork Drive
Expenditure from corporate funds	Houston, TX 77047-2801
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.
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	Н
Date	Payee name
12/11/2024	Ana Hernandez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 15538
Expenditure from corporate funds	Houston, TX 77220
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/11/2024	Andy Hopper Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1052
Expenditure from corporate funds	Decatur, TX 76234
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
,	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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: 3/32 Rpt: 36/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/06/2024	Angelia Orr for Texas House
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$700.00	PO Box 337
Expenditure from corporate funds	Itasca, TX 76055
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
	Campaigh Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
12/11/2024	Payee name Angio Chon Button Compaign
	Angie Chen Button Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	6914 Clear Springs Cir.
Expenditure from	
corporate funds	Garland, TX 75044
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 Avertee TV officeholder living average.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Ÿ .
Date	Payee name
12/09/2024	Armando Walle Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4826 Hollybrook Ln.
\$300.00	4620 Hollybrook Ett.
Expenditure from	Houston TV 77020
corporate funds	Houston, TX 77039
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description 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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

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: 4/32 Rpt: 37/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	Barbara Gervin-Hawkins Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$700.00	P.O. Box 18659
Expenditure from	Can Antonia TV 70210
corporate funds	San Antonio, TX 78218
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/11/2024	Brent Money Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2606 Lee St.
Expenditure from corporate funds	Greenville, TX 75401
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>
5 .	
Date	Payee name
12/11/2024	Brian Birdwell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1111
Expenditure from	
corporate funds	Granbury, TX 76048
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
experialitie to beliefft C/Of	'

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 (enter a category 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/32 Rpt: 38/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	Briscoe Cain Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 7
Expenditure from corporate funds	Deer Park, TX 77536
8 PURPOSE	
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/06/2024	Brooks Landgraf Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,750.00	PO Box 13146
Expenditure from corporate funds	Odessa, TX 79768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/11/2024	Caroline Fairly Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1000 S. Tyler St. Apt. 10
Expenditure from corporate funds	Amarillo, TX 79101
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	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/32 Rpt: 39/65	Texans for Reasonable Solutions PAC 00088502	
4 Date	5 Payee name	
12/12/2024	Caroline Harris-Davila Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1,000.00	P. O. Box 700	
Expenditure from corporate funds	Round Rock, TX 78680	
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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/12/2024	Carrie Isaac Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	100 Commons Rd. #7-125	
Expenditure from		
corporate funds	Dripping Springs, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
_/	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Data		=
Date	Payee name Charles Payry Compaign	
12/12/2024	Charles Perry Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 94806	
Expenditure from		
corporate funds	Lubbock, TX 79493	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		-

SCHEDULE F1

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Travel in District Travel Out of District 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 File	ers)
Sch: 7/32 Rpt: 40/65	Texans for Reasonable Solutions PAC 00088502	
4 Date	5 Payee name	
11/12/2024	Charlie Geren Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 1440	
Expenditure from corporate funds	Fort Worth, TX 76101	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Avaita TX officeholder living purposes	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Gampaigh Continuation	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payes name	
12/11/2024	Payee name Claudia Ordaz Perez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P.O. Box 71738	
Expenditure from corporate funds	El Paso, TX 79917	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/18/2024	Cody Harris Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,500.00	1007 N. Mallard St.	
Expenditure from corporate funds	Palestine, TX 75801	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Forms provided by Tayas F	thics Commission www.athics state ty us. Version V// 1.0.0e20	12000

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	d 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: 8/32 Rpt: 41/65	Texans for Reasonable Solutions PAC 00088502	
4 Date	5 Payee name	
12/13/2024	Cole Hefner Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,150.00	P.O. Box 167	
Expenditure from corporate funds	Mount Pleasant, TX 75456	
8 PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
·		_
Date	Payee name	
12/11/2024	Daniel Alders Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 8907	
Expenditure from	Tyler, TX 75711	
corporate funds		_
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 Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
	Gumpuigh Contribution	
Compulate ONLY if divest	Constitute / Office helds name Office accepts	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
		_
Date	Payee name	
12/11/2024	David Lowe Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	9017 Cedar Breaks Drive	
·		
Expenditure from	North Diebland Lilla, TV 76102	
corporate funds	North Richland Hills, TX 76182	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to belief 6/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	d 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: 9/32 Rpt: 42/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	David Spiller Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 447
•	
Expenditure from corporate funds	Jacksboro, TX 76458
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee 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	
Data	
Date	Payee name
12/11/2024	Denise Villalobos Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	10330 Kingsbury Dr
Expenditure from corporate funds	Corpus Christi, TX 78410
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Sampaigh Sommation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	the state of the s
Date	Payee name
12/11/2024	Dennis Paul Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	626 1/2 Barringer Ln., Ste. E
φοσοίσο	
Expenditure from	
corporate funds	Webster, TX 77598
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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 (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: 10/32 Rpt: 43/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/09/2024	Diego Bernal Campaign
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 12411
Expenditure from corporate funds	San Antonio, TX 78212
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZHBITORZ	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Davida nama
12/11/2024	Payee name Don McLaughlin Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1707
Expenditure from corporate funds	Uvalde, TX 78802
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
12/11/2024	Donna Howard Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 5375
Expenditure from corporate funds	Austin, TX 78763
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
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 Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/32 Rpt: 44/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/06/2024	Dr. Brad Buckley Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	7321 FM #2843
Expenditure from	Salado, TX 76571
corporate funds 8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/11/2024	Drew Darby Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 3284
Expenditure from	
corporate funds	San Angelo, TX 76902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI 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
11/29/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 2569
Evnanditura from	
Expenditure from corporate funds	Lubbock, TX 79408
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI 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
3.,50	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
Expense Event Expense Loan Repayment/Reimbu

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/32 Rpt: 45/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/12/2024	Ellen Troxclair Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	701 HWY 281, Suite H #196
Expenditure from corporate funds	Marble Falls, TX 78654
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/09/2024	Eric Zwiener Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 184
Expenditure from corporate funds	Driftwood, TX 78619
•	I
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
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/04/2024	Friends of Brandon Creighton
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	2257 N. Loop 336, Ste. 140-366
Expenditure from corporate funds	Conroe, TX 77304
-	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/32 Rpt: 46/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
11/14/2024	Friends of Cecil Bell Jr
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. BOX 819
Expenditure from corporate funds	Magnolia, TX 77353
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
	Campaigh Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/12/2024	Friends of Donna Campbell
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1308 Common Street Ste 205 Box 719
Ψ±,000.00	1300 Collinon Street Ste 203 Box 719
Expenditure from corporate funds	New Braunfels, TX 78130
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
E/11 E1191. Ç. (_	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientary to benefit ever	
Date	Payee name
12/06/2024	Friends of Tom Oliverson
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1 Greenway Plaza #225
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
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
experiditure 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 Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/32 Rpt: 47/65 Texans for Reasonable Solutions PAC 00088502 4 Date Payee name 11/18/2024 Gary VanDeaver Campaign 6 Amount (\$) Payee address; State; Zip Code \$500.00 710 James Bowie Drive Expenditure from New Boston, TX 75570 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/11/2024 Gina Hinojosa Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 P.O. Box 300095 Expenditure from Austin, TX 78703 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/11/2024 Greg Bonnen Campaign Amount (\$) Payee address: City: State; Zip Code \$1,000.00 405 David Expenditure from corporate funds Friendswood, TX 77546 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 15/32 Rpt: 48/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	Helen Kerwin Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	420 Grand Avenue
Expenditure from corporate funds	Glen Rose, TX 76043
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
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/11/2024	Hillary Hickland Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6318 Brayson Oaks Ct.
+ =,000.00	2.1,300.11 24.10 24.
Expenditure from corporate funds	Belton, TX 76513
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 Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date 12/13/2024	Payee name
	House Democratic Caucus
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 12453
Expenditure from	
corporate funds	Austin, TX 78711-2453
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

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 Filers)
Sch: 16/32 Rpt: 49/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	J.M. Lozano Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	8953 CR 2411
Expenditure from corporate funds	Sinton, TX 78387
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
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/11/2024	James Talarico Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 15207
. ,	
Expenditure from corporate funds	Austin, TX 78761
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 <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/12/2024	Janie Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2073
Expenditure from corporate funds	San Benito, TX 78586
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Printing E mmittee Legal Services Salaries/V		se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/32 Rpt: 50/65		Texans for Reasonable Solutions PAC		00088502
4	Date	5	Payee name		
	12/11/2024		Janis Holt Campaign		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$500.00		P.O. Box 1311		
_	T Expenditure from				
L	corporate funds		Silsbee, TX 77656		
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		Check if Austin, TX, officeholder living expense Campaign Contribution
					can paig.
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	l ight	Office held
	expenditure to benefit C/OI				
	Date		Payee name		
	12/11/2024		Jeff Barry Campaign		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$500.00		4418 Broadway St.		
_	T Expenditure from				
	corporate funds		Pearland, TX 77581		
	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/Officeriolide//Folitical Committee		Campaign Contribution
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	12/06/2024		Jeff Leach Campaign		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1,000.00		PO Box 866186		
_	■ Expenditure from				
	corporate funds		Plano, TX 75086		
	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/Officeriolide//Folitical Committee		Campaign Contribution
					-
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	Н			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment Childward Afficient Services Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 18/32 Rpt: 51/65	Texans for Reasonable Solutions PAC 00088502		
4 Date	5 Payee name		
12/11/2024	Joanne Shofner Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	638 N. University Drive #177		
Expenditure from corporate funds	Nacogdoches, TX 75961		
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		
Date	Payee name		
12/11/2024	Joe Moody Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 920827		
Expenditure from corporate funds	El Paso, TX 79902		
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		
Data	Davida marra		
Date	Payee name		
12/06/2024	John McQueeney Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	P.O. Box 100458		
- Evenanditura from			
Expenditure from corporate funds	Fort Worth, TX 76185		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Campaign Contribution		
_			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
Sch: 19/32 Rpt: 52/65	Texans for Reasonable Solutions PAC 00088502	
4 Date	5 Payee name	
12/11/2024	Jon Rosenthal Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	8624 Highway 6 N. #340	
Expenditure from corporate funds	Houston, TX 77064	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Campaign Continuation	
		_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
12/11/2024	Katrina Pierson Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	609 Goliad St. #672	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Expenditure from corporate funds	Rockwall, TX 75087	
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	
		_
Date	Payee name	
12/11/2024	Keith Bell Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 1178	
Expenditure from corporate funds	Forney, TX 75126	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
_//	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
experiulture to beliefit C/Or		

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 20/32 Rpt: 53/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	Ken King Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 1202
Expenditure from corporate funds	Canadian, TX 79014-1202
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Keresa Richardson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 1179
Expenditure from corporate funds	McKinney, TX 75070
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
12/12/2024	Lacy Hull Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77224
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
1 Total pages Schedule F1: Sch: 21/32 Rpt: 54/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	Marc Lahood Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 127 Encino Blanco
Ψ300.00	127 Enonio Bidileo
Expenditure from corporate funds	San Antonio, TX 78232
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
12/11/2024	Matt Morgan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	503 FM 359 #264, Ste. 130 #226
Expenditure from corporate funds	Richmond, TX 77406
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	o
Date	Payee name
12/13/2024	Matt Morgan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	503 FM 359 #264, Ste. 130 #226
Expenditure from corporate funds	Richmond, TX 77406
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense 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

Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/32 Rpt: 55/65 Texans for Reasonable Solutions PAC 00088502 4 Date Payee name 12/12/2024 Matt Shaheen Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 3917 Malton Dr. Expenditure from Plano, TX 75025 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/12/2024 Mayes Middleton Campaign Amount (\$) Payee address; City; State; Zip Code \$3,500.00 P.O. Box 1526 Expenditure from Galveston, TX 77553 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/11/2024 Mitch Little Campaign Amount (\$) Payee address: City: State; Zip Code \$500.00 2841 Seven Shields Lane Expenditure from corporate funds Lewisville, TX 75056 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 23/32 Rpt: 56/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/12/2024	Molly Cook Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Morgan Meyer Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	
\$500.00	3838 Oak Lawn Ave., Ste. 400
Expenditure from corporate funds	Dallas, TX 75219
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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Oscar Longoria Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 4224
Expenditure from corporate funds	Mission, TX 78573
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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: 24/32 Rpt: 57/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/06/2024	Pat Curry Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	204 Woodhew Drive
Expenditure from corporate funds	Waco, TX 76712
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	Development
Date	Payee name
12/06/2024	Paul Dyson for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4040 State Highway 6 S, Ste 200
Expenditure from corporate funds	College Station, TX 77845
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/11/2024	Philip Cortez Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$250.00	7919 Liberty Island
- Cynonditure from	
Expenditure from corporate funds	San Antonio, TX 78227-4734
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to beliefit 6/01	

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
OTHEP (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 25/32 Rpt: 58/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	Rafael Anchia Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 4468
Expenditure from corporate funds	Dallas, TX 75208
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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/11/2024	Ramon Romero Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	PO BOX 181
Expenditure from	
corporate funds	Fort Worth, TX 76101
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to someth eye.	
Date	Payee name
12/11/2024	Ron Reynolds Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$700.00	6140 Hwy. 6 South, Ste. 233
Expenditure from corporate funds	Missouri City, TX 77459-3802
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Contributions/Contributions/Donations Made By Contributions/C
	Candidate/Officeholder/Political Committee
	Sampaigh Solidization
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 26/32 Rpt: 59/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/12/2024	Royce West Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	320 S R.L. Thornton Fwy
Expenditure from corporate funds	Dallas, TX 75203-1804
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
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/26/2024	Ryan Guillen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 1024
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	Ÿ .
Data	B
Date 12/11/2024	Payee name Sarah Eckhardt Campaign
	<u> </u>
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 301586
Expenditure from	
corporate funds	Austin, TX 78703
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/Officeriolder/Political Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 27/32 Rpt: 60/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/12/2024	Senator Phil King Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1913
Expenditure from corporate funds	Weatherford, TX 76086
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
experience to benefit even	
Date	Payee name
12/06/2024	Shelley Luther Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	587 White Mound Rd.
Expenditure from corporate funds	Sherman, TX 75090
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
experientare to serious eye.	
Date	Payee name
12/13/2024	Texas House Republican Caucus PAC
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 13305
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/O	
<u></u>	

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

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: 28/32 Rpt: 61/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/11/2024	Todd Hunter Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	445 Cape Henry
Expenditure from	
corporate funds	Corpus Christi, TX 78412
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
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/29/2024	Trey Martinez Fischer Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	104 Babcock Road, Suite 107
Expenditure from corporate funds	San Antonio, TX 78201
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/11/2024	Trey Wharton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1242
Expenditure from	
corporate funds	Huntsville, TX 77342
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 Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

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 Salaries/Wages/Contract Labor

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

Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/32 Rpt: 62/65 Texans for Reasonable Solutions PAC 00088502 4 Date Payee name Valoree Swanson Campaign 12/12/2024 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 23020 Ammick Ct. Expenditure from Spring, TX 77389 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/18/2024 Vantage Compliance Amount (\$) Payee address; City; State; Zip Code \$960.00 PO Box 341027 Expenditure from Austin, TX 78734 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/18/2024 Vantage Compliance Amount (\$) Payee address: City; State; Zip Code \$1,020.00 PO Box 341027 Expenditure from corporate funds Austin, TX 78734 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (on the a contenum of listed above)

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: 30/32 Rpt: 63/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
12/06/2024	Vantage Compliance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$720.00	PO Box 341027
Expenditure from corporate funds	Austin, TX 78734
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
LAFLINDITORL	Check if Austin, TX, officeholder living expense
	Compliance Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Vantage Legal
Amount (\$)	Payee address; City; State; Zip Code
\$538.50	PO Box 341016
— Forestitus from	
Expenditure from corporate funds	Austin, TX 78734
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Legal Consulting
Commission ONII V if dispose	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Vantage Legal
Amount (\$)	Payee address; City; State; Zip Code
\$1,543.50	PO Box 341016
- Foresanditure Cons	
Expenditure from corporate funds	Austin, TX 78734
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Legal Consulting
	Legal Consulting
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

imbursement Solicitation/Fundraising Expense
tal 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: 31/32 Rpt: 64/65	Texans for Reasonable Solutions PAC 00088502
4 Date	5 Payee name
11/18/2024	Vantage Legal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 341016
Expenditure from corporate funds	Austin, TX 78734
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Legal Consulting
	Legal Consulting
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Vikki Goodwin Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3701 Shady Valley Dr.
Expenditure from corporate funds	Austin, TX 78739
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/11/2024	Vincent Perez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	649 Londonderry Road
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from	El Paso, TX 79907
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	3y - 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: 32/32 Rpt: 65/65		
4 Date	5 Payee name	
12/11/2024	Wes Virdell Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	PO Box 147	
Expenditure from		
corporate funds	Brady, TX 76825	
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	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		\dashv