FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087515 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Insurance Professionals Political Action Committee Date Received **ELECTRONICALLY FILED** 03/05/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 11102 Bammel N. Houston Rd. Change of Address Houston, TX 77066 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Kriston R. NAME Date Processed NICKNAME **SUFFIX** LAST Kris Date Imaged Crow CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3908 Tanglewood Ln. STREET **ADDRESS** (Residence or Business) Odessa, TX 79762 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3908 Tanglewood Ln. MAILING **ADDRESS** Change of Address Odessa, TX 79762 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (432) 559-2343 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2025 02/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer		(Ethics Commission Filers)
Texas Insurance Profe	essionals Political Action	Committee	3000	37515	
A COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITI	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Magguras	A. Supported			
	Measures (Describe by date and location	A. Supporteu			
	of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
L5 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAI	N		
TOTALS		OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)		\$	0.00
	I	qualifies for the higher itemization threshold			
	2. TOTAL POLITICA			\$	1,420.00
	(OTHER THAN PLEI	OGES, LOANS, OR GUARANTEES OF LOANS	S)		1, 120.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	5.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	23,567.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA G PERIOD	AST DAY	\$	511,018.21
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$	0.00
L6 AFFIDAVIT	1				
LO ALLIDAVII					
		I swear, or affirm, under penalty of true and correct and includes all under Title 15, Election Code.	of perjury, tha information re	at the ac equired	ccompanying report is to be reported by me
			Kriston R. Cı		
		Signature o	of Campaign	Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	d before me. by the said		. this the		day
		which, witness my hand and seal of office.	,		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title	of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

					3 of 12
	MMITTE xas Ins	(Ethics C	Commission Filers)		
l	HEDULI ME OF :	SU	BTOTAL AMOUNT		
1.	X	\$	1,420.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		\$			
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	12,155.19
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	11,411.89
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
ı					

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/12	
2	FILER NAME Texas Insura	nce Professionals Political Action Committee		3	Filer ID (Ethics Commission 00087515	n Filers)
4	Date 02/04/2025 5 Full name of contributor out-of-state PAC (ID#:) Burdick, Jeffrey 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30.00	
8	Principal occu Insurance	Fort Worth, TX 76177-7054 Dation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:_ Garza, Irma Contributor address; City; State; Zip Code McAllen, TX 78504			Amount of Contribution (\$)	\$240.00
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#:_ Hale, Mike Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$240.00
	Principal occu	Aledo, TX 76008 pation / Job title (See Instructions)	Employer (See Instructions)		
	Insurance	,		,		
	Date 02/10/2025	Full name of contributor out-of-state PAC (ID#:_ Hurst, David Contributor address; City; State; Zip Code Houston, TX 77066)		Amount of Contribution (\$)	\$100.00
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_Miles, Borris Contributor address; City; State; Zip Code Pantego, TX 76013-3136)		Amount of Contribution (\$)	\$10.00
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/12	
2	FILER NAME Texas Insura	nce Professionals Political Action Committee		3	Filer ID (Ethics Commission 00087515	n Filers)
4	Date 02/22/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Deinsinal	Winnie, TX 77665	2. Eventura (Con Instructions	$\overline{\Gamma}$		
8	Insurance	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID#: Paysse, Kenneth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing agg	Beeville, TX 78102-4514	Employer (See Instructions	<u></u>		
	Insurance	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#: Paysse, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Beeville, TX 78102-4514				
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:Raeke, Rebecca Contributor address; City; State; Zip Code Colleyville, TX 76034-4116)		Amount of Contribution (\$)	\$10.00
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/12	
2	FILER NAME Texas Insura	ance Professionals Political Action Committee		3	Filer ID (Ethics Commissi 00087515	on Filers)
4	Date 02/04/2025	Full name of contributor	7	Amount of Contribution (\$)	\$350.00	
8	Principal occu	Georgetown, TX 78628-5335	9 Employer (See Instructions	 - s)		
	Insurance	,	, , , , (,		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID#:_ Swierc, Roxanne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		West, TX 76691-1557				
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#: Verity, Heather Contributor address; City; State; Zip Code Conroe, TX 77304-3413			Amount of Contribution (\$)	\$200.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officeholder/Belities

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:	
Sch: 1/4 Rpt: 7/12	Texas Insurance Professionals Political Action Committee 00087515
4 Date	5 Payee name
02/04/2025	Atchley & Associates LLP
6 Amount (\$) \$695.00	7 Payee address; City; State; Zip Code 1005 La Posada Dr
φ095.00	1003 La Posada Di
Expenditure from corporate funds	Austin, TX 78752
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PAC accounting and reporting services
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/26/2025	Buc-ee's
Amount (\$)	Payee address; City; State; Zip Code
\$31.00	2375 East Austin
Expenditure from corporate funds	Giddings, TX 78942
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Reimburse travel for PAC meeting
	Telliburge daver for 1770 meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2025	Cates Legal Group PLLC
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	5910 Clementine Ln
Expenditure from corporate funds	Austin, TX 78744
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
	PAC legal services
	1 AC legal services
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/4 Rpt: 8/12	Texas Insu	rance Professionals Politic	cal Action	Cor	nmittee		00087515	
4	Date	5 Payee name							
	02/04/2025	Galitski, Fr	ank V.						
6	Amount (\$)	7 Payee addre	ess; City; Stat	te; Zip Co	ode				
	\$10,000.00	11700 Red	Oak Valley Ln						
Г	Expenditure from corporate funds	Austin, TX	78732						
8	PURPOSE	(a) Category (S	See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE	Consulting	Expense					de of Texas. Comp	
						ш		officeholder living	
						PAC governn	пеп	t anans con	Sulling
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/OF	1 							
	Date	Payee name							
	01/26/2025	Galitski, Fr	ank V.						
	Amount (\$)	Payee addre	ess; City; Stat	te; Zip Co	ode				
	\$222.28	11700 Red	Oak Valley Ln						
	Expenditure from corporate funds	Austin, TX	78732						
	PURPOSE	(a) Category (S	See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE	Travel In D	istrict			ш		de of Texas. Comp	
								officeholder living	e for PAC meeting
						Reimburse p	CISC	mai mileage	FIOUR ACTIVE UITY
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ught			Office he	eld
	Date	Payee name	1						
	01/26/2025	Galitski, Fr							
	Amount (\$)	Payee addre	ess; City; Stat	te; Zip Co	ode				
	\$118.00	11700 Red	Oak Valley Ln						
	Expenditure from corporate funds	Austin, TX	78732						
	PURPOSE	(a) Category (S	See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		rage Expense	•		ш		le of Texas. Comp	
						ш		officeholder living	•
						meeting	era	iem ior trave	el meals for PAC
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	L Jaht			Office he	eld
	expenditure to benefit C/Oh			220 000	g			200 110	
ı									

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Print Sala	-	se s/Contract Labor	Tra	avel in District avel Out of Dis HER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER	NAME				3 Fil	er ID	(Ethics Commission Filers)
	Sch: 3/4 Rpt: 9/12	Texas	Insurance Professional	s Political Act	tion Co	mmittee	00	0087515	
4	Date	5 Payee	name			<u> </u>			
	01/28/2025	Growtl	hZone						
6	Amount (\$)	7 Payee	address; City;	State; Zip	Code	<u> </u>			
	\$41.89	23973	Hazelwood Dr S Ste 10	00					
	Expenditure from corporate funds	Nisswa	a, MN 56468						
8	PURPOSE OF	(a) Catego	(See Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Fees							plete Schedule T.
						Check if Austin			ing multiple credit card
						contributions			
9	Complete ONLY if direct expenditure to benefit C/Oh		te/Officeholder name	Office	sought			Office he	eld
_	Date	Davis	nomo						
	01/26/2025	Payee							
		Office	·	O					
	Amount (\$)	1	address; City;	State; Zip	Code				
	\$119.04	17711 	Tomball Pkwy						
	Expenditure from corporate funds	Housto	on, TX 77064						
	PURPOSE	(a) Catego	(See Categories listed at the t	on of this schodula)	(b)	Description			
	OF		Overhead/Rental Expe		`'	_ :	outside o	f Texas. Com	plete Schedule T.
	EXPENDITURE			· -		Check if Austin			
						Reimburse s	upplies	s for PAC	consultant
	0. 1. 0							0.00	
	Complete ONLY if direct expenditure to benefit C/Oh		te/Officeholder name	Office	sought			Office he	eia
	Date	Payee							
	01/26/2025	Spring	hill Suites						
	Amount (\$)		address; City;	State; Zip	Code				
	\$156.40	20303	Chasewood Park Dr						
	Expenditure from corporate funds	Housto	on, TX 77070						
	PURPOSE	(a) Catego	ry (See Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel	In District			ш			plete Schedule T.
	-					Check if Austir		-	•
						เรียบเกินเวิช แ	aveill	A I AC III	County
	Complete ONLY if direct	L Candida	te/Officeholder name	Office	sought			Office he	eld
	expenditure to benefit C/O				3 ·				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	e By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Utical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not I	sted above)
1 Total pages Schedule F1:		mmission Filers)
Sch: 4/4 Rpt: 10/12		
4 Date	5 Payee name	
01/26/2025	Starbucks	
6 Amount (\$)	7 Payee address; City; State; Zip Code	Ī
\$16.58	8 7606 FM 1960 RD W	
Expenditure from		
corporate funds	Houston, TX 77070	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	/ T.
	Reimburse travel meal for PAC meeti	ng
		J
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	OH	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 11/12 Texas Insurance Professionals Political Action Committee 00087515 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/25/2025 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code City; \$748.59 1005 La Posada Dr Expenditure from Austin, TX 78752 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/26/2025 Galitski, Frank V. Amount (\$) Payee address; City; State; Zip Code \$663.30 11700 Red Oak Valley Ln Expenditure from Austin, TX 78732 corporate funds TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimburse supplies and travel for PAC meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 12/12 Texas Insurance Professionals Political Action Committee 00087515 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/18/2025 Galitski, Frank V. Amount (\$) Payee address; City; State; Zip Code \$10,000.00 11700 Red Oak Valley Ln Expenditure from Austin, TX 78732 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 PAC government affairs consulting Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH