

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|                                                          |  |                                                                                                                                                                                             |  |                                                                                                                                                                                                            |  |
|----------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00088986 |  | <b>2</b> Total pages filed:<br>8                                                                                                                                                            |  | <b>OFFICE USE ONLY</b>                                                                                                                                                                                     |  |
| <b>3</b> COMMITTEE NAME<br>Save Lost Creek PAC           |  |                                                                                                                                                                                             |  | Date Received<br>ELECTRONICALLY FILED<br>04/19/2025                                                                                                                                                        |  |
| <b>4</b> TREASURER NAME<br>Brannan, William (Mr.)        |  |                                                                                                                                                                                             |  | Date Hand-delivered or Date Postmarked                                                                                                                                                                     |  |
| <b>5</b> ORIGINAL REPORT TYPE                            |  | <input type="checkbox"/> January 15<br><input type="checkbox"/> July 15<br><input type="checkbox"/> 30th day before election<br><input checked="" type="checkbox"/> 8th day before election |  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> 10th day after campaign treasurer resignation<br><input type="checkbox"/> Dissolution report<br><input type="checkbox"/> Other (specify) _____ |  |
| <b>6</b> ORIGINAL PERIOD COVERED                         |  | Month Day Year<br>10/08/2024                                                                                                                                                                |  | THROUGH Month Day Year<br>10/26/2024                                                                                                                                                                       |  |
|                                                          |  |                                                                                                                                                                                             |  | Receipt # Amount                                                                                                                                                                                           |  |
|                                                          |  |                                                                                                                                                                                             |  | Date Processed                                                                                                                                                                                             |  |
|                                                          |  |                                                                                                                                                                                             |  | Date Imaged                                                                                                                                                                                                |  |

**7 EXPLANATION OF CORRECTION**

This affidavit added two things to the initial filing. It adds that the GPAC opposed a third candidate in last November's Limited District race, rather than just supporting the two other candidates in the race. It adds an expense to Mailchimp for advertising purposes. As treasurer, these items were not included initially because the research and diligence done at the time did not seem to warrant their inclusion. The mailchimp expense did not appear to meet to the \$100 aggregate threshold during the reporting period. However, after discussion with the TEC, and in the interest of transparency, I was happy to go back and include these items.

**8 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.

Mr. William Brannan

\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|                                                                |  |                                                      |                                                                                                                                                                                                                                                                                                                                                      |        |
|----------------------------------------------------------------|--|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| The GPAC Instruction Guide explains how to complete this form. |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00088986 | 2 Total pages filed:<br>8                                                                                                                                                                                                                                                                                                                            |        |
| 3 COMMITTEE NAME<br>Save Lost Creek PAC                        |  |                                                      | OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                      |        |
|                                                                |  |                                                      | Date Received<br>ELECTRONICALLY FILED<br>04/19/2025                                                                                                                                                                                                                                                                                                  |        |
|                                                                |  |                                                      | Date Hand-delivered or Date Postmarked                                                                                                                                                                                                                                                                                                               |        |
|                                                                |  |                                                      | Receipt #                                                                                                                                                                                                                                                                                                                                            | Amount |
|                                                                |  |                                                      | Date Processed                                                                                                                                                                                                                                                                                                                                       |        |
| 4 COMMITTEE ADDRESS                                            |  |                                                      | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1108 Lavaca St.<br>St. 110.200<br>Austin, TX 78746                                                                                                                                                                                                                                         |        |
| 5 CAMPAIGN TREASURER NAME                                      |  |                                                      | MS / MRS / MR FIRST MI<br>Mr. William                                                                                                                                                                                                                                                                                                                |        |
|                                                                |  |                                                      | NICKNAME LAST SUFFIX<br>Brannan                                                                                                                                                                                                                                                                                                                      |        |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business) |  |                                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1108 Lavaca St.<br>Ste. #110.200<br>Austin, TX 78746                                                                                                                                                                                                                      |        |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                           |  |                                                      | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1108 Lavaca St.<br>Ste. #110.200<br>Austin, TX 78746                                                                                                                                                                                                                                       |        |
| 8 CAMPAIGN TREASURER PHONE                                     |  |                                                      | AREA CODE PHONE NUMBER EXTENSION<br>(512) 575-3005                                                                                                                                                                                                                                                                                                   |        |
| 9 REPORT TYPE                                                  |  |                                                      | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |        |
| 10 PERIOD COVERED                                              |  |                                                      | Month Day Year<br>10/08/2024 THROUGH 10/26/2024                                                                                                                                                                                                                                                                                                      |        |
| 11 ELECTION                                                    |  |                                                      | ELECTION DATE<br>Month Day Year<br>11/05/2024                                                                                                                                                                                                                                                                                                        |        |
|                                                                |  |                                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                     |        |

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Save Lost Creek PAC                                                         |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00088986                                                                                                                                                                                                    |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Mr. Rich Grafton Lost Freed Limited Dostroct Director                                                                                                                                                                                           |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                                   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                                                                                                                                                                                                 |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                                   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                                                                                                                                                                                              |
|                                                                                                         | <b>15 CONTRIBUTION TOTALS</b>                                                                        | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|                                                                                                         | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 0.00                                                                                                                                                                                                                                                      |
| EXPENDITURE TOTALS                                                                                      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                    | \$ 0.00                                                                                                                                                                                                                                                      |
|                                                                                                         | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                               | \$ 2,516.38                                                                                                                                                                                                                                                  |
| CONTRIBUTION BALANCE                                                                                    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 2,937.07                                                                                                                                                                                                                                                  |
| OUTSTANDING LOAN TOTALS                                                                                 | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b> | \$ 0.00                                                                                                                                                                                                                                                      |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. William Brannan  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 4 of 8

|                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Save Lost Creek PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00088986 |
|-------------------------------------------------|-----------------------------------------------------------|

|                                                                                                                   |                                                                                                     |                                                                 |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>14 COMMITTEE<br/>ACTIVITY</b><br><br>(Attach lists on plain<br>paper to complete this<br>report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if<br>applicable, classify by party.)                 | A. Supported Patti Brennan Lost Creek Limited District Director |
|                                                                                                                   |                                                                                                     | B. Opposed                                                      |
|                                                                                                                   | <b>2. Measures</b><br>(Describe by date and<br>location of election and<br>nature of issue.)        | A. Supported                                                    |
|                                                                                                                   |                                                                                                     | B. Opposed                                                      |
|                                                                                                                   | <b>3. Officeholders<br/>Assisted</b><br>(Identify by name or, if<br>applicable, classify by party.) |                                                                 |
|                                                                                                                   |                                                                                                     |                                                                 |

|                                                                                                                |                                                                                                     |                                                          |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>COMMITTEE<br/>ACTIVITY</b><br><br>(Attach lists on plain<br>paper to complete this<br>report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if<br>applicable, classify by party.)                 | A. Supported                                             |
|                                                                                                                |                                                                                                     | B. Opposed Mrs. Rachel Jackson Limited District Director |
|                                                                                                                | <b>2. Measures</b><br>(Describe by date and<br>location of election and<br>nature of issue.)        | A. Supported                                             |
|                                                                                                                |                                                                                                     | B. Opposed                                               |
|                                                                                                                | <b>3. Officeholders<br/>Assisted</b><br>(Identify by name or, if<br>applicable, classify by party.) |                                                          |
|                                                                                                                |                                                                                                     |                                                          |

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
5 of 8

|                                                  |                                                                                                                   |                                                           |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Save Lost Creek PAC  |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00088986 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 0.00                                                   |
| 2.                                               | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 0.00                                                   |
| 3.                                               | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                             | \$ 0.00                                                   |
| 4.                                               | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                                                        |
| 5.                                               | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                                                        |
| 6.                                               | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                                                        |
| 7.                                               | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 8.                                               | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 9.                                               | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                             | \$ 0.00                                                   |
| 10.                                              | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 2,516.38                                               |
| 11.                                              | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$ 0.00                                                   |
| 12.                                              | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS             | \$ 0.00                                                   |
| 13.                                              | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 | \$ 0.00                                                   |
| 14.                                              | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 15.                                              | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 6/8

2 FILER NAME

Save Lost Creek PAC

3 Filer ID (Ethics Commission Filers)

00088986

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

|                                                                                |                                                                                |                                                                                                                        |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>               |                                                                                | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 7/8                                                                  |
| <b>2</b> FILER NAME<br>Save Lost Creek PAC                                     |                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088986                                                               |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                             |                                                                                | <b>\$</b> 0.00                                                                                                         |
| <b>5</b> Date of loan                                                          | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)                                                                                              |
| <b>6</b> Is lender a financial institution?                                    | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate                                                                                                |
|                                                                                |                                                                                | <b>11</b> Maturity Date                                                                                                |
| <b>12</b> Principal occupation / Job title (See Instructions)                  |                                                                                | <b>13</b> Employer (See Instructions)                                                                                  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None           |                                                                                | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor                                                    | <b>19</b> Amount Guaranteed (\$)                                                                                       |
|                                                                                | <b>18</b> Guarantor address; City; State; Zip Code                             |                                                                                                                        |
| <b>20</b> Principal occupation                                                 |                                                                                | <b>21</b> Employer (See Instructions)                                                                                  |

# 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                            |                                                                                         |                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 1/1 Rpt: 8/8                                            | 2 FILER NAME<br>Save Lost Creek PAC                                                     | 3 Filer ID (Ethics Commission Filers)<br>00088986                                                                                                                                                                                  |
| 4 Date<br>10/13/2024                                                                       | 5 Payee name<br>Intuit Mailchimp                                                        |                                                                                                                                                                                                                                    |
| 6 Amount (\$)<br>\$28.25<br><br><input type="checkbox"/> Expenditure from corporate funds  | 7 Payee address; City; State; Zip Code<br>405 N Angier Ave. NE<br><br>Atlanta, GA 30308 |                                                                                                                                                                                                                                    |
| 8 PURPOSE OF EXPENDITURE                                                                   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Emailing supporters                             |
| 9 Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name                                                             | Office sought Office held                                                                                                                                                                                                          |
| Date<br>10/14/2024                                                                         | Payee name<br>Lawson Strategies                                                         |                                                                                                                                                                                                                                    |
| Amount (\$)<br>\$2,488.13<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1407 lost creek blvd<br><br>Austin, TX 78746    |                                                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                                                     | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Purchase yard signs and block walking materials |
| Complete ONLY if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                             | Office sought Office held                                                                                                                                                                                                          |