

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|                                                           |  |                                                                                                                                                                                             |  |                                                                                                                                                                                                            |  |
|-----------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00038187  |  | <b>2</b> Total pages filed:<br>26                                                                                                                                                           |  | <b>OFFICE USE ONLY</b>                                                                                                                                                                                     |  |
| <b>3</b> COMMITTEE NAME<br>Texas Economic Development PAC |  |                                                                                                                                                                                             |  | Date Received<br>ELECTRONICALLY FILED<br>04/29/2025                                                                                                                                                        |  |
| <b>4</b> TREASURER NAME<br>Schwab, Carlton R. (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 checked="" type="checkbox"/> 30th day before election<br><input 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>07/01/2024                                                                                                                                                                |  | Month Day Year<br>THROUGH 09/30/2024                                                                                                                                                                       |  |
|                                                           |  |                                                                                                                                                                                             |  | Receipt # Amount                                                                                                                                                                                           |  |
|                                                           |  |                                                                                                                                                                                             |  | Date Processed                                                                                                                                                                                             |  |
|                                                           |  |                                                                                                                                                                                             |  | Date Imaged                                                                                                                                                                                                |  |

**7 EXPLANATION OF CORRECTION**  
Checks that were written where never handed out and have since been voided.

**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. Carlton R. Schwab  
\_\_\_\_\_  
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>00038187                                                                                                                                             | 2 Total pages filed:<br>26                                                                                                                                            |
| 3 COMMITTEE NAME<br>Texas Economic Development PAC             |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>04/29/2025<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |
| 4 COMMITTEE ADDRESS                                            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>919 Congress Avenue<br>Suite 1145<br>Austin, TX 78701                                                                                                                                                                                                                                      |                                                                                                                                                                                                  |                                                                                                                                                                       |
| 5 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br>Mr. Carlton R.<br>NICKNAME LAST SUFFIX<br>Schwab                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                  |                                                                                                                                                                       |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>919 Congress Avenue<br>Suite 1145<br>Austin, TX 78701                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                                                                       |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                           | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |                                                                                                                                                                       |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(512) 480-8432                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                       |
| 9 REPORT TYPE                                                  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input 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>07/01/2024 THROUGH Month Day Year<br>09/30/2024                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |                                                                                                                                                                       |
| 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 |                                                                                                                                                                       |

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                              |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187                                                                                                                                                                                         |
| <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 Daniel Alders State Representative                                                                                                                                                                                                   |
|                                                                                                         |                                                                                                      | 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 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)       | \$ 2,520.00                                                                                                                                                                                                                                       |
| EXPENDITURE TOTALS                                                                                      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                    | \$ 0.00                                                                                                                                                                                                                                           |
|                                                                                                         | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                               | \$ 8,000.00                                                                                                                                                                                                                                       |
| CONTRIBUTION BALANCE                                                                                    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 58,837.84                                                                                                                                                                                                                                      |
| 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. Carlton R. Schwab  
\_\_\_\_\_  
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

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|                                                                                                         |                                                                                                      |                                                                                  |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                              |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187                        |
| <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 Rep. Angie Button State Representative                              |
|                                                                                                         |                                                                                                      | 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>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.) |
| 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>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.) |
|                                                                                                         | 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.)         |                                                                                  |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                              |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187                        |
| <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 Rep. Dustin Burrows State Representative                            |
|                                                                                                         |                                                                                                      | 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>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.) |
| 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>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.) |
|                                                                                                         | 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.)         |                                                                                  |

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| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                              |                                                                                              | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187 |
| <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 Rep. Harris Davila State Representative      |
|                                                                                                         |                                                                                              | 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>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 Rep. Mihaela Plesa State Representative      |
|                                                                                                         |                                                                                              | 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>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 Rep. Eddie Morales State Representative      |
|                                                                                                         |                                                                                              | 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.) |                                                           |
|                                                                                                         |                                                                                              |                                                           |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                              |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187                        |
| <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 Rep. Morgan Meyer State Representative                              |
|                                                                                                         |                                                                                                      | 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>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.) |
| 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>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.) |
|                                                                                                         | 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.)         |                                                                                  |

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| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                              |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187                        |
| <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 Rep. John McQueeney State Representative                            |
|                                                                                                         |                                                                                                      | 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>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.) |
| 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>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.) |
|                                                                                                         | 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.)         |                                                                                  |



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| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                              |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187                        |
| <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. Matt Morgan State Representative                                |
|                                                                                                         |                                                                                                      | 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>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.) |
| 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>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.) |
|                                                                                                         | 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.)         |                                                                                  |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                              |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187                        |
| <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. Jeffrey Barry State Representative                              |
|                                                                                                         |                                                                                                      | 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>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.) |
| 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>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.) |
|                                                                                                         | 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.)         |                                                                                  |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                              |                                                                                              | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187 |
| <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 Caroline Fairly State Representative         |
|                                                                                                         |                                                                                              | 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>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 Mrs. Lauren Simmons State Representative     |
|                                                                                                         |                                                                                              | 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>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 Rep. Stan Lambert State Representative       |
|                                                                                                         |                                                                                              | 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.) |                                                           |
|                                                                                                         |                                                                                              |                                                           |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
**ADDENDUM**

Page 12 of 26

|                                                                                                                   |                                                                                                     |                                                           |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Texas Economic Development PAC                                                        |                                                                                                     | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00038187 |
| <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 Rep. Stan Gerdes State Representative        |
|                                                                                                                   |                                                                                                     | 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.) |                                                           |
|                                                                                                                   |                                                                                                     |                                                           |

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
13 of 26

|                                                            |                                                                                                                   |                                                           |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Texas Economic Development PAC |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00038187 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE           |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                         | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 2,520.00                                               |
| 2.                                                         | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                                                        |
| 3.                                                         | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$                                                        |
| 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 type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                                                        |
| 10.                                                        | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 8,000.00                                               |
| 11.                                                        | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$                                                        |
| 12.                                                        | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 13.                                                        | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                                                        |
| 14.                                                        | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS           | \$ 500.00                                                 |
| 15.                                                        | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                                           |                                                                                                                                                                                                  |                                                                         |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                          |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/9 Rpt: 14/26                |
| <b>2</b> FILER NAME<br>Texas Economic Development PAC                                                     |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187                |
| <b>4</b> Date<br>08/01/2024                                                                               | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Attaway, James<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Quitman, TX 75783 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00                    |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>City Administrator and Executive Director |                                                                                                                                                                                                  | <b>9</b> Employer (See Instructions)<br>Quitman Development Corporation |
| Date<br>08/01/2024                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Attaway, James<br><hr/> Contributor address; City; State; Zip Code<br><br>Quitman, TX 75783                   | Amount of Contribution (\$)<br><br>\$20.00                              |
| Principal occupation / Job title (See Instructions)<br>City Administrator and Executive Director          |                                                                                                                                                                                                  | Employer (See Instructions)<br>Quitman Development Corporation          |
| Date<br>08/01/2024                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Balderas, Justin<br><hr/> Contributor address; City; State; Zip Code<br><br>Levelland, TX 79336               | Amount of Contribution (\$)<br><br>\$50.00                              |
| Principal occupation / Job title (See Instructions)<br>Economic Developer                                 |                                                                                                                                                                                                  | Employer (See Instructions)                                             |
| Date<br>08/01/2024                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bingham, Casey<br><hr/> Contributor address; City; State; Zip Code<br><br>Cradall, TX 75114                   | Amount of Contribution (\$)<br><br>\$50.00                              |
| Principal occupation / Job title (See Instructions)<br>Economic Developer                                 |                                                                                                                                                                                                  | Employer (See Instructions)                                             |
| Date<br>08/01/2024                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blake, Shannon<br><hr/> Contributor address; City; State; Zip Code<br><br>Sherman, TX 75090                   | Amount of Contribution (\$)<br><br>\$50.00                              |
| Principal occupation / Job title (See Instructions)<br>Economic Developer                                 |                                                                                                                                                                                                  | Employer (See Instructions)                                             |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                                    |                                                                                                                                                                                             |                                                          |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                   |                                                                                                                                                                                             | <b>1</b> Total pages Schedule A1:<br>Sch: 2/9 Rpt: 15/26 |
| <b>2</b> FILER NAME<br>Texas Economic Development PAC                              |                                                                                                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187 |
| <b>4</b> Date<br>08/01/2024                                                        | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Crenshaw, Sherry<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75202 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Economic Developer |                                                                                                                                                                                             | <b>9</b> Employer (See Instructions)                     |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fletcher, Christian<br>Contributor address; City; State; Zip Code<br><br>Marble Falls, TX 78654          | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                             | Employer (See Instructions)                              |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ford, Jason<br>Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034                        | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>President                   |                                                                                                                                                                                             | Employer (See Instructions)<br>Frisco EDC                |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foss, Nathan<br>Contributor address; City; State; Zip Code<br><br>Boise, ID 83709                        | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Account Executive           |                                                                                                                                                                                             | Employer (See Instructions)<br>Emsi                      |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gannb, Tammy<br>Contributor address; City; State; Zip Code<br><br>Huntsville, TX 77340                   | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                             | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                    |                                                                                                                                                                                                        |                                                          |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                   |                                                                                                                                                                                                        | <b>1</b> Total pages Schedule A1:<br>Sch: 3/9 Rpt: 16/26 |
| <b>2</b> FILER NAME<br>Texas Economic Development PAC                              |                                                                                                                                                                                                        | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187 |
| <b>4</b> Date<br>08/01/2024                                                        | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza, Raudel (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Executive Director |                                                                                                                                                                                                        | <b>9</b> Employer (See Instructions)<br>Edinburg EDC     |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gell, Giselle<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701                           | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Economic Developmer         |                                                                                                                                                                                                        | Employer (See Instructions)<br>Opportunity Austin        |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gibson, Jim<br><hr/> Contributor address; City; State; Zip Code<br><br>Rockdale, TX 76567                           | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                                        | Employer (See Instructions)                              |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gill, Susan<br><hr/> Contributor address; City; State; Zip Code<br><br>Lindale, TX 75771                            | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                                        | Employer (See Instructions)                              |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Greiner, Jason<br><hr/> Contributor address; City; State; Zip Code<br><br>Wylie, TX 75098                           | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Executive Director          |                                                                                                                                                                                                        | Employer (See Instructions)<br>Wylie EDC                 |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                    |                                                                                                                                                                                                  |                                                                             |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                   |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/9 Rpt: 17/26                    |
| <b>2</b> FILER NAME<br>Texas Economic Development PAC                              |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187                    |
| <b>4</b> Date<br>08/01/2024                                                        | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Halsted, Kelly<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Killeen, TX 76540 | <b>7</b> Amount of Contribution (\$)<br>\$100.00                            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Economic Developer |                                                                                                                                                                                                  | <b>9</b> Employer (See Instructions)<br>Greater Killeen Chamber of Commerce |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hargrove, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Buna, TX 77612                      | Amount of Contribution (\$)<br>\$100.00                                     |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                                  | Employer (See Instructions)<br>Buna Regional Economic Development LLC       |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Holzbog, Kevin<br><hr/> Contributor address; City; State; Zip Code<br><br>Decatur, TX 76234                   | Amount of Contribution (\$)<br>\$100.00                                     |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                                  | Employer (See Instructions)<br>Decatur Economic Development Corporation     |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Holzbog, Kevin<br><hr/> Contributor address; City; State; Zip Code<br><br>Decatur, TX 76234                   | Amount of Contribution (\$)<br>\$20.00                                      |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                                  | Employer (See Instructions)<br>Decatur Economic Development Corporation     |
| Date<br>07/10/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jamison, Pat<br><hr/> Contributor address; City; State; Zip Code<br><br>Benbrook, TX 76126                    | Amount of Contribution (\$)<br>\$100.00                                     |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                                  | Employer (See Instructions)                                                 |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                                               |                                                                                                                                                                                                       |                                                               |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                              |                                                                                                                                                                                                       | <b>1</b> Total pages Schedule A1:<br>Sch: 5/9 Rpt: 18/26      |
| <b>2</b> FILER NAME<br>Texas Economic Development PAC                                         |                                                                                                                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187      |
| <b>4</b> Date<br>08/01/2024                                                                   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jarquin, Carlos<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78205 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Economic Developer            |                                                                                                                                                                                                       | <b>9</b> Employer (See Instructions)                          |
| Date<br>08/01/2024                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones, Tracy<br><hr/> Contributor address; City; State; Zip Code<br><br>Odessa, TX 79760                           | Amount of Contribution (\$)<br><br>\$100.00                   |
| Principal occupation / Job title (See Instructions)<br>Director, Business Retention Expansion |                                                                                                                                                                                                       | Employer (See Instructions)<br>Odessa Development Corporation |
| Date<br>08/01/2024                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones, Tracy<br><hr/> Contributor address; City; State; Zip Code<br><br>Odessa, TX 79760                           | Amount of Contribution (\$)<br><br>\$50.00                    |
| Principal occupation / Job title (See Instructions)<br>Director, Business Retention Expansion |                                                                                                                                                                                                       | Employer (See Instructions)<br>Odessa Development Corporation |
| Date<br>08/01/2024                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mayo, Misty<br><hr/> Contributor address; City; State; Zip Code<br><br>Abilene, TX 79601                           | Amount of Contribution (\$)<br><br>\$50.00                    |
| Principal occupation / Job title (See Instructions)<br>Economic Developer                     |                                                                                                                                                                                                       | Employer (See Instructions)                                   |
| Date<br>08/01/2024                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mazarakes, Charles<br><hr/> Contributor address; City; State; Zip Code<br><br>Rowlett, TX 75089                    | Amount of Contribution (\$)<br><br>\$100.00                   |
| Principal occupation / Job title (See Instructions)<br>Economic Development Specialist        |                                                                                                                                                                                                       | Employer (See Instructions)<br>City of Rowlett                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                    |                                                                                                                                                                                                     |                                                                     |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                   |                                                                                                                                                                                                     | <b>1</b> Total pages Schedule A1:<br>Sch: 6/9 Rpt: 19/26            |
| <b>2</b> FILER NAME<br>Texas Economic Development PAC                              |                                                                                                                                                                                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187            |
| <b>4</b> Date<br>08/01/2024                                                        | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McGregor, Stewart<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Kaufman, TX 75142 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00                 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Economic Developer |                                                                                                                                                                                                     | <b>9</b> Employer (See Instructions)                                |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morgan, Joanna (Mrs.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Smithville, TX 78957            | Amount of Contribution (\$)<br><br>\$50.00                          |
| Principal occupation / Job title (See Instructions)<br>Board Treasurer             |                                                                                                                                                                                                     | Employer (See Instructions)<br>Smithville Workforce Training Center |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Muller, Amy<br><hr/> Contributor address; City; State; Zip Code<br><br>Terrell, TX 75160                         | Amount of Contribution (\$)<br><br>\$50.00                          |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                                     | Employer (See Instructions)                                         |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Newman, Joe<br><hr/> Contributor address; City; State; Zip Code<br><br>Ennis, TX 75119                           | Amount of Contribution (\$)<br><br>\$50.00                          |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                                     | Employer (See Instructions)                                         |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nobles, Amanda<br><hr/> Contributor address; City; State; Zip Code<br><br>Kilgore, TX 75662                      | Amount of Contribution (\$)<br><br>\$100.00                         |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                                     | Employer (See Instructions)                                         |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                                      |                                                                                                                                                                                                       |                                                                         |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                     |                                                                                                                                                                                                       | <b>1</b> Total pages Schedule A1:<br>Sch: 7/9 Rpt: 20/26                |
| <b>2</b> FILER NAME<br>Texas Economic Development PAC                                |                                                                                                                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187                |
| <b>4</b> Date<br>08/01/2024                                                          | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reynolds, Nikala<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Kingsville, TX 78363 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00                     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Economic Developer   |                                                                                                                                                                                                       | <b>9</b> Employer (See Instructions)                                    |
| Date<br>08/01/2024                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robertson, Dale<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701                        | Amount of Contribution (\$)<br><br>\$50.00                              |
| Principal occupation / Job title (See Instructions)<br>VP of Business Development    |                                                                                                                                                                                                       | Employer (See Instructions)<br>TEDCorp                                  |
| Date<br>08/01/2024                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rowley, Carolyn<br><hr/> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79401                       | Amount of Contribution (\$)<br><br>\$50.00                              |
| Principal occupation / Job title (See Instructions)<br>Economic Developer            |                                                                                                                                                                                                       | Employer (See Instructions)                                             |
| Date<br>08/01/2024                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Runnels, Matt<br><hr/> Contributor address; City; State; Zip Code<br><br>Decatur, TX 76234                         | Amount of Contribution (\$)<br><br>\$100.00                             |
| Principal occupation / Job title (See Instructions)<br>Business Development Director |                                                                                                                                                                                                       | Employer (See Instructions)<br>Decatur Economic Development Corporation |
| Date<br>08/01/2024                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Runnels, Matt<br><hr/> Contributor address; City; State; Zip Code<br><br>Decatur, TX 76234                         | Amount of Contribution (\$)<br><br>\$20.00                              |
| Principal occupation / Job title (See Instructions)<br>Business Development Director |                                                                                                                                                                                                       | Employer (See Instructions)<br>Decatur Economic Development Corporation |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                    |                                                                                                                                                                                               |                                                                               |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                   |                                                                                                                                                                                               | <b>1</b> Total pages Schedule A1:<br>Sch: 8/9 Rpt: 21/26                      |
| <b>2</b> FILER NAME<br>Texas Economic Development PAC                              |                                                                                                                                                                                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187                      |
| <b>4</b> Date<br>08/01/2024                                                        | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sharp, Kent<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Sherman, TX 75090 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00                           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Economic Developer |                                                                                                                                                                                               | <b>9</b> Employer (See Instructions)                                          |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stevens, Sean<br><hr/> Contributor address; City; State; Zip Code<br><br>Coppers Cove, TX 76522            | Amount of Contribution (\$)<br><br>\$50.00                                    |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                               | Employer (See Instructions)<br>Copperas Cove Economic Development Corporation |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stokes, Terry<br><hr/> Contributor address; City; State; Zip Code<br><br>Port Arthur, TX 77640             | Amount of Contribution (\$)<br><br>\$50.00                                    |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                               | Employer (See Instructions)                                                   |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomas, Kristina<br><hr/> Contributor address; City; State; Zip Code<br><br>Loretto, TN 38469              | Amount of Contribution (\$)<br><br>\$50.00                                    |
| Principal occupation / Job title (See Instructions)<br>Economic Developer          |                                                                                                                                                                                               | Employer (See Instructions)<br>Insyteful, LLC                                 |
| Date<br>08/01/2024                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tidwell, Carlton<br><hr/> Contributor address; City; State; Zip Code<br><br>Terrell, TX 75160              | Amount of Contribution (\$)<br><br>\$50.00                                    |
| Principal occupation / Job title (See Instructions)<br>President                   |                                                                                                                                                                                               | Employer (See Instructions)<br>Terrell Economic Development Corporation       |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

|                                                                                    |                                                                                                                                                                                                    |                                                          |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                   |                                                                                                                                                                                                    | <b>1</b> Total pages Schedule A1:<br>Sch: 9/9 Rpt: 22/26 |
| <b>2</b> FILER NAME<br>Texas Economic Development PAC                              |                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187 |
| <b>4</b> Date<br>08/01/2024                                                        | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Walters, Krisina<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Loretto, TN 38469 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Economic Developer |                                                                                                                                                                                                    | <b>9</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.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 23/26                                            | <b>2</b> FILER NAME<br>Texas Economic Development PAC                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187                                                                                                                                                        |
| <b>4</b> Date<br>09/05/2024                                                                         | <b>5</b> Payee name<br>Button, Angie (Rep.)                                                                                                              |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 832748<br><br>Richardson, TX 78701                                                               |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</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>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>09/11/2024                                                                                  | Payee name<br>Curry, Patrick                                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>204 Woodhew Dr<br><br>Waco, TX 76712                                                                             |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (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>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>09/11/2024                                                                                  | Payee name<br>Harris Davila, Caroline (Rep.)                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 2910<br><br>Austin, TX 78768                                                                              |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (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>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# 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.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 24/26                                            | <b>2</b> FILER NAME<br>Texas Economic Development PAC                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187                                                                                                                                                        |
| <b>4</b> Date<br>09/11/2024                                                                         | <b>5</b> Payee name<br>LaMantia, Morgan (Sen.)                                                                                                           |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 12068<br><br>Austin, TX 78711                                                                    |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</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>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>09/11/2024                                                                                  | Payee name<br>Lujaun, John (Rep.)                                                                                                                        |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 2910<br><br>Austin, TX 78768                                                                              |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (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>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>09/11/2024                                                                                  | Payee name<br>Meyer, Morgan (Rep.)                                                                                                                       |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box<br><br>Austin, TX 78768                                                                                   |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (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>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |



# 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.

|                                                                                                   |                                                                                                                                                          |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 25/26                                          | <b>2</b> FILER NAME<br>Texas Economic Development PAC                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00038187                                                                                                                                                        |
| <b>4</b> Date<br>09/11/2024                                                                       | <b>5</b> Payee name<br>Ortiz, Solomon                                                                                                                    |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 286<br><br>Corpus Christi, TX 78403                                                              |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</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>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>09/11/2024                                                                                | Payee name<br>Plesa, Mihaela (Rep.)                                                                                                                      |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>PO Box 2910<br><br>Austin, TX 78768                                                                              |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</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>Campaign Contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|                                                                                          |                                                                                                |                                                                                           |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 1 Total pages Schedule I:<br>Sch: 1/1 Rpt:                                               | 2 FILER NAME<br>Texas Economic Development PAC                                                 | 3 Filer ID (Ethics Commission Filers)<br>00038187                                         |
| 4 Date<br>08/19/2024                                                                     | 5 Payee name<br>Falcon, Joe                                                                    |                                                                                           |
| 6 Amount (\$)<br><br>500.00<br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip<br>516 Nogales Ln<br><br>Austin, TX 78641                    |                                                                                           |
| 8 PURPOSE<br>OF<br>EXPENDITURE                                                           | (a) Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | (b) Description (See instructions regarding type of information required.)<br>Sponsorship |