

# 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 (Ethics Commission Filers) 00061809	2 Total pages filed: 12	
3 COMMITTEE NAME TranSystems Corporation PAC			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/11/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2400 Pershing Rd., Ste. 400  Kansas City, MO 64108			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Julie A. NICKNAME LAST SUFFIX Frigon			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2400 Pershing Road, Suite 400  Kansas City, MO 64108			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2400 Pershing Road, Suite 400  Kansas City, MO 64108			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (816) 329-8700			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 04/24/2025 THROUGH Month Day Year 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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> TranSystems Corporation PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00061809
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (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> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
<b>EXPENDITURE TOTALS</b>	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,053.66
	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 8,400.00
	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 92,034.59
<b>OUTSTANDING LOAN TOTALS</b>	<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.

Ms. Julie A. Frigon

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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 12

<b>17 COMMITTEE NAME</b> TranSystems Corporation PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00061809
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,053.66
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,400.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/12
<b>2</b> FILER NAME TranSystems Corporation PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00061809
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert, Tony (Mr.) <b>6</b> Contributor address; City; State; Zip Code  New Lenox, IL 60451	<b>7</b> Amount of Contribution (\$)  \$576.90
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biehl, Allen Contributor address; City; State; Zip Code  Medina, OH 44256	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) TranSystems
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Michael Contributor address; City; State; Zip Code  Yorkville, IL 60560	Amount of Contribution (\$)  \$240.00
Principal occupation / Job title (See Instructions) Assistant Vice President		Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engstrom, Slade Contributor address; City; State; Zip Code  Benton, KS 67017	Amount of Contribution (\$)  \$480.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farah, Nabil Contributor address; City; State; Zip Code  North Royalton, OH 44133	Amount of Contribution (\$)  \$230.76
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) TranSystems

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/12
<b>2</b> FILER NAME TranSystems Corporation PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00061809
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, James (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Boardman, OH 44512	<b>7</b> Amount of Contribution (\$)  \$450.00
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gartner, Chad Contributor address; City; State; Zip Code  Ft. Worth, TX 76107	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Larry Contributor address; City; State; Zip Code  Johns Island, SC 29455	Amount of Contribution (\$)  \$360.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) TranSystems
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Kevin Contributor address; City; State; Zip Code  LaVista, NE 68128	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirchner, Lawrence (Mr.) Contributor address; City; State; Zip Code  Chesterton, IN 46304	Amount of Contribution (\$)  \$240.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) TranSystems Corporation

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/12
<b>2</b> FILER NAME TranSystems Corporation PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00061809
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lackey, Jeff (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Conway Springs, KS 67031	<b>7</b> Amount of Contribution (\$)  \$230.76
<b>8</b> Principal occupation / Job title (See Instructions) Principal/Sr. Vice President		<b>9</b> Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Letkowski, Brett (Mr.) Contributor address; City; State; Zip Code  Wichita, KS 67205	Amount of Contribution (\$)  \$576.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowell, Evan Contributor address; City; State; Zip Code  Hopkinton, ME 01748	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) TranSystems
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macander, Ryan Contributor address; City; State; Zip Code  Western Springs, IL 60558	Amount of Contribution (\$)  \$360.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Joseph Contributor address; City; State; Zip Code  Camp Hill, PA 17011	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) TranSystems

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
<b>2</b> FILER NAME TranSystems Corporation PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00061809
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock, Timothy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Euless, TX 76039	<b>7</b> Amount of Contribution (\$)  \$576.90
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santeford, Matthew <hr/> Contributor address; City; State; Zip Code  Elk Grove Village, IL 60007	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiles, Jeffrey (Mr.) <hr/> Contributor address; City; State; Zip Code  Morristown, NJ 07960	Amount of Contribution (\$)  \$700.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strub, Peter (Mr.) <hr/> Contributor address; City; State; Zip Code  Travelers Rest, SC 29670	Amount of Contribution (\$)  \$576.90
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trimarco, Gina <hr/> Contributor address; City; State; Zip Code  Western Springs, IL 60558	Amount of Contribution (\$)  \$134.68
Principal occupation / Job title (See Instructions) Assistant Vice President		Employer (See Instructions) TranSystems Corporation

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
<b>2</b> FILER NAME TranSystems Corporation PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00061809
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Shawn <b>6</b> Contributor address; City; State; Zip Code  Baxter Springs, KS 66713	<b>7</b> Amount of Contribution (\$)  \$230.76
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) TranSystems Corporation
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahlstedt, Michael (Mr.) Contributor address; City; State; Zip Code  Overland Park, KS 66210	Amount of Contribution (\$)  \$240.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) TranSystems Corporation

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 9/12

2 FILER NAME

TranSystems Corporation PAC

3 Filer ID (Ethics Commission Filers)  
00061809

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 10/12
<b>2</b> FILER NAME TranSystems Corporation PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00061809
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 11/12	<b>2</b> FILER NAME TranSystems Corporation PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00061809
<b>4</b> Date 04/25/2025	<b>5</b> Payee name ACEC Ohio PAC	
<b>6</b> Amount (\$) \$600.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1650 Lake Shore Drive Suite 200 Columbus, OH 43204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2025	Payee name ACEC PAC	
Amount (\$) \$4,800.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1400 L Street, Suite 400  Washington DC, DC 20005-3592	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Balderson for Congress	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 145 E. Rich Street, Suite 100  Columbus, OH 43215	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contributions
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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 12/12	2 FILER NAME TranSystems Corporation PAC	3 Filer ID (Ethics Commission Filers) 00061809
4 Date 05/20/2025	5 Payee name One Giant Leap PAC	
6 Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1848 V. 70th St.  Los Angeles, CA 90047	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held