FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070642 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Association of Life and Health Insurers Life Insurance Political Action Committee Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 1645 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78767 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Jennifer A. NAME NICKNAME LAST **SUFFIX** Cawley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1122 Colorado St., Ste 200 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 1645 MAILING **ADDRESS** Austin, TX 78767 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 472-6886 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED** 01/01/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association of Li	ife and Health Insurers	Life Insurance Political Action Committee	00070642	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,077.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	18,058.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mrs. Jennif	er A. Cawley	
		Signature of Cal	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, t	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 11
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Comm	ission Filers)
Texas Association of Life and Health Insurers Life Insurance Political Action 00070642					
19 SCI	HEDULI				
l		SCHEDULE		SUBTOT	AL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,514.81
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	<u> </u>			ļ*	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	 	
7.	Ш	ORGANIZATION		P	
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	_	
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		COLUMN TO ALL MONETARY CURRENT FROM CORRORATION OR LARGE			
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	562.50
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
				<u> </u>	
9.	П	SCHEDULE E: LOANS		\$	
		99/12022 2/ 20/4/9		۳	
10	\Box	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	c	_	10.050.20
10.	X	SCHEDULE FI. FOLITICAL EXPENDITORES PROMIFOLITICAL CONTRIBUTION.	3	\$	18,058.29
				1.	
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$			
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
		TO FILER		<u> </u>	

	MONEI	ARY POLITICAL CONTRIBUTIO	INS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/11		
2	FILER NAME			1	Filer ID (Ethics Commission	on Filers)
	Texas Asso	ciation of Life and Health Insurers Life Insurance Poli	tical Action Committee	₩	00070642	
4	06/23/2025 American Fidelity Corporation PAC)	7	Amount of Contribution (\$)	\$2,500.00
		6 Contributor address; City; State; Zip Code Oklahoma City, OK 73125				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/24/2025	GPM PAC				\$1,014.81
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor X out-of-state PAC (ID#: \underline{C}	000493304)		Amount of Contribution (\$)	
	04/25/2025	Prudential Financial, Inc. State & Federal PAC				\$10,000.00
		Contributor address; City; State; Zip Code				
		Newark, NJ 07102		<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor \boxed{X} out-of-state PAC (ID#: \underline{C}			Amount of Contribution (\$)	
	05/20/2025	The Guardian Life Insurance Company of Americ	ca PAC			\$5,000.00
		Contributor address; City; State; Zip Code				
		Nav. Varda NIV 10004 0010				
	Delegaleration	New York, NY 10004-2616	Farada and (October lands and in a street	<u> </u>		
	Principal occi	pation / Job title (See Instructions)	Employer (See Instructions	S)		

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association of Life and Health Insurers Life Insurance Political Action 00070642 Date 5 Corporation / Labor Organization name 6 Amount (\$) 06/30/2025 562.50 Texas Association of Life and Health Insurers

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense nmittee Legal Services			e /Contract Labor		Travel Out of Dist OTHER (enter a	rict category not listed ab	ove)
	Credit Card Payment		The Instruction Guide exp	plains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 1/6 Rpt: 6/11		Texas Association of Life and Hea	alth Insurers I	_ife	Insurance		00070642		
4	Date	5	Payee name							
	06/23/2025		David Spiller for Texas							
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode					
	\$1,000.00		PO Box 447							
	Expenditure from corporate funds		Jacksboro, TX 76458							
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By			=		de of Texas. Comp		
			Candidate/Officeholder/Political C	ommittee		Campaign Co		officeholder living	expense	
						oumpaign oc	J. 16.	ibation		
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht			Office he	ld	
_	expenditure to benefit C/OF		randado, em cendider name		gnt			Office fie		
	Date		Payee name							
	06/24/2025		Dennis Paul Campaign							
	Amount (\$)		Payee address; City;	State; Zip Co	ode					
	\$5,000.00		PO Box 75190							
Г	Expenditure from		Houston TV 77224							
_	corporate funds	ļ.,	Houston, TX 77234							
	PURPOSE OF	(a)	Category (See Categories listed at the top of		(b)	Description	outci	de of Texas. Comp	aloto Schodulo T	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political C			=		officeholder living		
			Canadate/Oniceriolaei/i onical e	, on minutes		Campaign Co				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	ght			Office he	ld	
		_								
	Date		Payee name							
	01/24/2025		FedEx							
	Amount (\$)		•	State; Zip Co	ode					
	\$27.68		PO Box 660481							
<u> </u>	Expenditure from									
Х	corporate funds		Dallas, TX 75266							
		(a)	Category (See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense			<u></u>		de of Texas. Comp		
						Postage/ship		officeholder living	expense	
						i ostage/silip	νııı	9		
	Complete ONLY if direct	Щ,	Candidate/Officeholder name	Office sou	laht Iaht			Office he	ld	
	expenditure to benefit C/OF		andidate/ Officeriolact Hattic	Jilioe 300	Aiir			Omice He		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 2/6 Rpt: 7/11	2 FILER NAME Texas Association of Life and Health Insurers Life Insurance 3 Filer ID (Ethics Commission Filers) 00070642
4 Date	5 Payee name
01/31/2025	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.00	605 W Canyon Ridge Dr.
Expenditure from corporate funds	Austin, TX 78753
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Service Charge
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$5.00	605 W Canyon Ridge Dr.
φ5.00	005 W Carryon Ridge Dr.
X Expenditure from corporate funds	Austin, TX 78753
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Service Charge
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/04/2025	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$69.29	2800 E. Commerce Center Place
Expenditure from corporate funds	Tucson, AZ 85706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	QB Online Monthly Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	/- Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
4	
1 Total pages Schedule F1:	
Sch: 3/6 Rpt: 8/11	Texas Association of Life and Health Insurers Life Insurance 00070642
4 Date	5 Payee name
02/04/2025	Intuit Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$69.29	2800 E. Commerce Center Place
X Expenditure from	Tucson A7 85706
— corporate failus	Tucson, AZ 85706
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	QB Online Monthly Subscription
	QD Chinic Monthly Subscription
O Complete ONLY if alling -4	Candidate/Officeholder name Office acusts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
- p 2 22 20	
Date	Payee name
03/04/2025	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$69.29	2800 E. Commerce Center Place
, 13.20	
X Expenditure from	Tuccon A7 95706
Corporate funds	Tucson, AZ 85706
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	QB Online Monthly Subscription
	QD OTHING MOULTING SUBSCRIPTION
Complete CNII V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2025	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$69.29	2800 E. Commerce Center Place
, 13.20	
X Expenditure from	Tueson A7 05706
Corporate fanas	Tucson, AZ 85706
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	QB Online Monthly Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/O	
	this Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 9/11	Texas Association of Life and Health Insurers Life Insurance 00070642
4 Date	5 Payee name
05/04/2025	Intuit Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$69.29	2800 E. Commerce Center Place
X Expenditure from corporate funds	Tucson, AZ 85706
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	QB Online Monthly Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/04/2025	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$69.29	2800 E. Commerce Center Place
X Expenditure from corporate funds	Tucson, AZ 85706
co.perate tande	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	QB Online Monthly Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/24/2025	Jay Dean Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	3822 Holly Ridge
Expenditure from	
corporate funds	Longview, TX 75605
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY & disc-+	Condidate/Officeholder name Office country
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 10/11	Texas Association of Life and Health Insurers Life Insurance 00070642
4 Date	5 Payee name
06/23/2025	Judith Zaffirini Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 627
Expenditure from	
corporate funds	Laredo, TX 78042
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Davies same
	Payee name
06/11/2025	Millan & Company, PC
Amount (\$)	Payee address; City; State; Zip Code
\$2,604.87	823 Congress Avenue, Ste 1330
— Foresteller of forest	
X Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Prepare & File Tax Forms for 2024
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/26/2025	Texans for Kelly Hancock
	,
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	7750 N. MacArthur Blvd., Ste 120-270
Expenditure from	
corporate funds	Irving, TX 75063-7514
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
4 7 1 1 51		$\overline{}$
1 Total pages Schedule F1: Sch: 6/6 Rpt: 11/11	2 FILER NAME Texas Association of Life and Health Insurers Life Insurance 3 Filer ID (Ethics Commission Filers 00070642)
4 Date	5 Payee name	
06/23/2025	Trey Wharton Campaign	
		-
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	1 Grapevine Circle	
Expenditure from corporate funds	Hunstville, TX 77342	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF OF		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
O Commisto CAUA/ Station	Condidate/Officeholder name	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH	
•		