#### 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) 00083850 3 COMMITTEE NAME **OFFICE USE ONLY Texas Forever Forward** Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 91047 Date Hand-delivered or Date Postmarked Change of Address San Antonio, TX 78209 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** The Honorable Wallace B. NAME NICKNAME LAST **SUFFIX** Jefferson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 515 Congress Ave Ste. 2350 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 515 Congress Ave Ste. 2350 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 826-7979 x118 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 THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/04/2025 χ General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME					13 Filer II	D D	(Ethics Commission Filers)
Texas Forever Forward					00083	3850	
ACTIVITY (Id	Candidates lentify by name or, if plicable, classify by party.)	A. Supported					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
(D	Measures escribe by date and location election and nature of issue.)	A. Supported					
		B. Opposed					
(Id	Officeholders Assisted lentify by name or, if plicable, classify by party.)						
5 CONTRIBUTION 1. TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANT	CONTRIBUTIONS (OTF FEES OF LOANS, OR ONICALLY) higher itemization threshold		\$	5	0.00
2.	TOTAL POLITICA (OTHER THAN PLE		<b>UTIONS</b> S, OR GUARANTEES C	OF LOANS)	\$	3	2,680.00
EXPENDITURE 3. TOTALS	TOTAL UNITEMIZED	D POLITICAL E	EXPENDITURES		\$	5	304.05
4.	TOTAL POLITICA	L EXPENDIT	TURES		\$	5	162,681.63
CONTRIBUTION 5. BALANCE	TOTAL POLITICAL O		NS MAINTAINED AS C	OF THE LAST	DAY \$	5	761,709.77
OUTSTANDING 6.	TOTAL PRINCIPAL / LAST DAY OF THE F		ALL OUTSTANDING LO	DANS AS OF	THE \$	<b>3</b>	0.00
6 AFFIDAVIT							
		1	I swear, or affirm, under true and correct and inc under Title 15, Election	cludes all infor			
			The I	Honorable W	/allace B	. Jeffe	rson
		•	Si	gnature of Ca	ımpaign Tı	reasure	er
AFFIX NOTARY ST	AMP / SEAL ABOVE						
Sworn to and subscribed be	fore me, by the said			, t	his the		day
of, 2							
Signature of officer admir	nistering oath	Printed name	of officer administering	oath	Title o	of office	r administering oath

## **SUBTOTALS - GPAC**

# FORM GPAC **COVER SHEET PG 3**

				3 01 57
17 COMMITT	EE NAME	18 Filer ID	(Ethics C	ommission Filers)
Texas Fo	rever Forward	00083850		
19 SCHEDUL NAME OF	SUE	BTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,680.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	151,253.26
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,839.19
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,589.18
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	5,740.32
			•	

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	_E <b>A1</b>
	The Instruction Guide explains how to complete this form.			n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/57	
2	Priler NAME  Texas Forever Forward			3	Filer ID (Ethics Commission 00083850	on Filers)	
4	Date 03/24/2025			7	Amount of Contribution (\$)	\$2,500.00	
		Daingerfield, TX 75638					
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Bockmon Insurance Age		у	
	Date 01/28/2025	Full name of contributor [ Dudley, Kris (Ms.)  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78747-1660 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$10.00	
	Principal occu	Austin, TX 78747-1660 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Retired			Retired			
	Date 03/26/2025	Full name of contributor  Dudley, Kris (Ms.)  Contributor address; City; Sta  Austin, TX 78747-1660	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 04/26/2025	Full name of contributor  Dudley, Kris (Ms.)  Contributor address; City; Sta  Austin, TX 78747-1660	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			1				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A					
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	. Total pages Schedule A1: Sch: 2/3 Rpt: 5/57	
2	FILER NAME Texas Forev	er Forward				3	Filer ID (Ethics Commission 00083850	Filers)
4	05/26/2025 Dudley, Kris (Ms.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00			
8	Principal occur	Austin, TX 78747-1660 pation / Job title (See Instructions		<u> </u>	Employer (See Instructions	-, 		
	Retired	pation / 300 title (See Instructions	5)	<i>3</i>	Retired	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2025 Dudley, Kris (Ms.)  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$10.00		
	Principal occu	Austin, TX 78747-1660 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Retired				Retired			
Date Full name of contributor out-of-state PAC 01/24/2025 Holmes, Mark (Mr.)  Contributor address; City; State; Zip Code		out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$20.00	
		Dallas, TX 75238-3301						
	Principal occu Tax Director	pation / Job title (See Instructions	5)		Employer (See Instructions Lennox International	5)		
	Date 02/24/2025	Full name of contributor Holmes, Mark (Mr.)  Contributor address; City; S  Dallas, TX 75238-3301			)		Amount of Contribution (\$)	\$20.00
	Principal occu Tax Director	pation / Job title (See Instructions	\$)		Employer (See Instructions Lennox International	<u>                                      </u>		
	Date 03/24/2025	Full name of contributor Holmes, Mark (Mr.)  Contributor address; City; S  Dallas, TX 75238-3301			)		Amount of Contribution (\$)	\$20.00
	Principal occu Tax Director	pation / Job title (See Instructions	6)		Employer (See Instructions Lennox International	5)		
	. a. Director							

	MONET	ARY POLITICAL CONTRIBUTION	) NC	S		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			<b>1.</b>	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/57	
2	FILER NAME Texas Forev				3	Filer ID (Ethics Commission 00083850	on Filers)
4			7	Amount of Contribution (\$)	\$20.00		
		Dallas, TX 75238-3301					
8	Principal occu Tax Director	upation / Job title (See Instructions)		Employer (See Instructions Lennox International	5)		
	Date 05/24/2025	Full name of contributor out-of-state PAC (ID#:_Holmes, Mark (Mr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00
		Dallas, TX 75238-3301					
	Principal occu Tax Director	upation / Job title (See Instructions)		Employer (See Instructions Lennox International	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Holmes, Mark (Mr.) Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00
		Dallas, TX 75238-3301					
	Principal occu Tax Director	upation / Job title (See Instructions)		Employer (See Instructions Lennox International	5)		

### 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 Credit Card Payment	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.
1 Total pages Schedule F1:	
Sch: 1/35 Rpt: 7/57	Texas Forever Forward 00083850
4 Date	5 Payee name
02/06/2025	AT&T
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$112.09	PO Box 650574
Expenditure from corporate funds	Dallas, TX 75265-0574
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Collular Telephone for Committee Lise
	Cellular Telephone for Committee Use.
O Committee China III	Condidate/Officeholder com-
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/20/2025	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$112.14	PO Box 650574
,·	
Expenditure from corporate funds	Dallas, TX 75265-0574
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Cellular Telephone for Committee Use
	Cellular Telephone for Committee Use.
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/16/2025	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$116.15	PO Box 650574
5: <b>_5</b>	
Expenditure from corporate funds	Dallas, TX 75265-0574
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Collular Talanhana for Committee Lice
	Cellular Telephone for Committee Use.
0. 1. 5	Out Hall (Office helder)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	<u>'</u>
F	

### 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

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: 2/35 Rpt: 8/57	Texas Forever Forward 00083850
4 Date	5 Payee name
05/16/2025	AT&T
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$116.15	PO Box 650574
Expenditure from corporate funds	Dallas, TX 75265-0574
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Cellular Telephone for Committee Use.
	Celiulai Telephone foi Confinillee Ose.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
06/16/2025	AT&T
	- 1
Amount (\$)	
\$116.15	PO Box 650574
Expenditure from	
corporate funds	Dallas, TX 75265-0574
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Cellular Telephone for Committee Use.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/29/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$1.80	1340 Poydras Street
	Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign Contribution Processing Fee.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure 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
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/35 Rpt: 9/57	Texas Forever Forward 00083850
4 Date	5 Payee name
02/26/2025	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.80	1340 Poydras Street
Expenditure from	Suite 1770
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution Processing Fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/26/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$102.10	1340 Poydras Street
Expenditure from	Suite 1770
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	Campaign Contribution Processing Fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to some of ex-	·
Date	Payee name
04/30/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$1.80	1340 Poydras Street
Expenditure from	Suite 1770
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution Processing Fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to beriefit C/O	<u> </u>

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 4/35 Rpt: 10/57	Texas Forever Forward 00083850	
4 Date	5 Payee name	
05/29/2025	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.80	1340 Poydras Street	
— Foresedit ve from	Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
_/	Check if Austin, TX, officeholder living expense	
	Campaign Contribution Processing Fee.	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	
06/30/2025	Anedot	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.80	1340 Poydras Street	
	Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Campaign Contribution Processing Fee.	
	Campaigh Continuution Processing Fee.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
01/30/2025	Brewer, Meredith (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,890.77	2919 Trailend Dr.	
Expenditure from		
corporate funds	San Antonio, TX 78209	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T	
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Wages for committee political and administrative	
	services.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	

## 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 Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		<u> </u>
Sch: 5/35 Rpt: 11/57	Texas Forever Forward 00083850	,
4 Date	5 Payee name	
02/28/2025	Brewer, Meredith (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,890.78	2919 Trailend Dr.	
Expenditure from corporate funds	San Antonio, TX 78209	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Wages for committee political and administrative	
	services.	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
03/31/2025	Brewer, Meredith (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,890.77	2919 Trailend Dr.	
Expenditure from corporate funds	San Antonio, TX 78209	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Wages for committee political and administrative	
	services.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	н 	
Date	Payee name	
04/30/2025	Brewer, Meredith (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,890.79	2919 Trailend Dr.	
Expenditure from corporate funds	San Antonio, TX 78209	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	
E/11 E/10/1. (1.1.)	Check if Austin, TX, officeholder living expense	
	Wages for committee political and administrative services.	
2 1 2 2 1 1 1 1 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

### 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
Sch: 6/35 Rpt: 12/57	Texas Forever Forward 00083850	
4 Date	5 Payee name	
06/02/2025	Brewer, Meredith (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,890.77	2919 Trailend Dr.	
Expenditure from corporate funds	San Antonio, TX 78209	
8 PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Wages for committee political and administrative	
	services.	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	
06/30/2025	Brewer, Meredith (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,890.78	2919 Trailend Dr.	
Expenditure from corporate funds	San Antonio, TX 78209	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Wages for committee political and administrative	
	services.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialiture to benefit C/OI		
Date	Payee name	
01/02/2025	Bridgehead, I.T.	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.59	1335 Central Parkway South	
	Suite 100	
Expenditure from corporate funds	San Antonio, TX 78232	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Monthly I.T. Software Support.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientale to beliefft C/OI	••	

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/35 Rpt: 13/57	Texas Forever Forward 00083850
4 Date	5 Payee name
02/04/2025	Bridgehead, I.T.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.59	1335 Central Parkway South
Evanditure from	Suite 100
Expenditure from corporate funds	San Antonio, TX 78232
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Monthly I.T. Software Support.
Complete CNII V if direct	Candidate/Officeholder name Office county Office hold
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/01/2025	Bridgehead, I.T.
Amount (\$)	Payee address; City; State; Zip Code
\$15.59	1335 Central Parkway South
	Suite 100
Expenditure from corporate funds	San Antonio, TX 78232
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Monthly I.T. Software Support.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/02/2025	Bridgehead, I.T.
Amount (\$)	Payee address; City; State; Zip Code
\$15.59	1335 Central Parkway South
	Suite 100
Expenditure from corporate funds	San Antonio, TX 78232
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
Di Libilone	Check if Austin, TX, officeholder living expense
	Monthly I.T. Software Support.
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 Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	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: 8/35 Rpt: 14/57	Texas Forever Forward 00083850
4 Date	5 Payee name
05/06/2025	Bridgehead, I.T.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.59	1335 Central Parkway South
- "	Suite 100
Expenditure from corporate funds	San Antonio, TX 78232
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Monthly I.T. Software Support.
	Monthly 1.1. Solware Support.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del></del>
Date	Payee name
06/02/2025	Bridgehead, I.T.
Amount (\$)	Payee address; City; State; Zip Code
\$15.59	1335 Central Parkway South
	Suite 100
Expenditure from corporate funds	San Antonio, TX 78232
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Monthly I.T. Software Support.
	Monthly 1.1. Solware Support.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/09/2025	Bush, Mary (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$625.00	244 Retama Place
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Administrative office consultant.
	Auministrative Office Consultant.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/35 Rpt: 15/57	Texas Forever Forward	00083850
4 Date	5 Payee name	
02/04/2025	Bush, Mary (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$625.00	244 Retama Place	
Expenditure from corporate funds	San Antonio, TX 78209	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Administrative office consultant.
		Administrative office consultant.
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
expenditure to benefit C/O		it Office field
Date	Payee name	
03/04/2025	Bush, Mary (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$625.00	244 Retama Place	
Expenditure from corporate funds	San Antonio, TX 78209	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Administrative office consultant.
		Auministrative office consultant.
Complete ONLY if direct	Canadidate/Officeledidaterrane	of Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt Office held
Date	Payee name	
04/01/2025	Bush, Mary (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$625.00	244 Retama Place	
Expenditure from corporate funds	San Antonio, TX 78209	
PURPOSE		b) Description
OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Zonoalang Zaponeo	Check if Austin, TX, officeholder living expense
		Administrative office consultant.
Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
expenditure to benefit C/O	1	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee L	egal Services  The Instruction Guide exp		/ages/	Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 10/35 Rpt: 16/57	Texas Forev	er Forward					00083850	
4 Date	5 Payee name							
05/02/2025	Bush, Mary (	Mrs.)						
6 Amount (\$)	7 Payee address	s; City;	State; Zip Co	de				
\$625.00	244 Retama	Place						
Expenditure from corporate funds	San Antonio	TX 78209						
8 PURPOSE OF		Categories listed at the top of t	this schedule)	(b)	Description			
EXPENDITURE	Consulting E	xpense			<b>-</b>		de of Texas. Com officeholder living	
					Administrative			·
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic H	eholder name	Office sou	ght			Office he	eld
Date	Payee name							
06/03/2025	Bush, Mary (	Mrs.)						
Amount (\$)	Payee address	s; City;	State; Zip Co	de				
\$625.00	244 Retama	Place						
Expenditure from corporate funds	San Antonio	TX 78209						
PURPOSE	(a) Category (See	: Categories listed at the top of t	this schedule)	(b)	Description			
OF EXPENDITURE	Consulting E		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.
LXFLNDITORL					<b>—</b>		officeholder living	
					Administrative	e o	fice consult	ant.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic H	eholder name	Office sou	ght			Office he	eld
Date	Payee name							
02/07/2025	1 1	nember Service						
Amount (\$)	Payee address	s; City;	State; Zip Co	de				
\$451.04	PO Box 940:	*						
Expenditure from corporate funds	Palatine, IL 6	50094						
'			<u> </u>	(b)	December :			
PURPOSE OF	Credit Card I	Categories listed at the top of t	this schedule)	(n)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE	Credit Card i	ayment			<b>—</b>		officeholder living	
							nent for item	ized incurred committee
					expenditures.			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic H	eholder name	Office sou	ght			Office he	eld

### 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 Credit Card Payment	I 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:	
Sch: 11/35 Rpt: 17/57	Texas Forever Forward 00083850
4 Date	5 Payee name
02/21/2025	Chase Cardmember Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$303.58	PO Box 94014
Expenditure from corporate funds	Palatine, IL 60094
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card payment for itemized incurred committee
	expenditures.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/28/2025	Chase Cardmember Service
Amount (\$)	Payee address; City; State; Zip Code
\$284.76	PO Box 94014
Expenditure from corporate funds	Palatine, IL 60094
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit card payment for itemized incurred committee expenditures.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to benefit 6/01	
Date	Payee name
04/03/2025	Chase Cardmember Service
Amount (\$)	Payee address; City; State; Zip Code
\$2,718.94	PO Box 94014
Expenditure from corporate funds	Palatine, IL 60094
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment
LA LIBITORE	Check if Austin, TX, officeholder living expense
	Credit card payment for itemized incurred committee expenditures.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO DOTTORE O/OI	·
L	

### 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

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: 12/35 Rpt: 18/57	Texas Forever Forward 00083850
4 Date	5 Payee name
04/26/2025	Chase Cardmember Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,539.34	PO Box 94014
Expenditure from	
corporate funds	Palatine, IL 60094
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Credit card payment for itemized incurred committee
	expenditures.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/06/2025	Chase Cardmember Service
Amount (\$)	Payee address; City; State; Zip Code
\$487.13	PO Box 94014
Expenditure from corporate funds	Palatine, IL 60094
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Credit card payment for itemized incurred committee
	expenditures.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/23/2025	Chase Cardmember Service
Amount (\$)	Payee address; City; State; Zip Code
\$809.23	PO Box 94014
Expenditure from	
corporate funds	Palatine, IL 60094
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Credit card nayment for itemized incurred committee
	Credit card payment for itemized incurred committee expenditures.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4

### 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

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: 13/35 Rpt: 19/57	Texas Forever Forward 00083850
4 Date	5 Payee name
06/26/2025	Chase Cardmember Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,145.30	PO Box 94014
Expenditure from	
corporate funds	Palatine, IL 60094
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Credit eard nowment for itemized incurred committee
	Credit card payment for itemized incurred committee expenditures.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
06/30/2025	Chase Cardmember Service
Amount (\$)	Payee address; City; State; Zip Code
\$322.48	PO Box 94014
Funanditura from	
Expenditure from corporate funds	Palatine, IL 60094
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Credit card payment for itemized incurred committee
	expenditures.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/10/2025	Department of Treasury
Amount (\$)	Payee address; City; State; Zip Code
\$7,442.28	Internal Revenue Service Center
- Funanditura from	
Expenditure from corporate funds	Ogden, UT 84201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
-	Check if Austin, TX, officeholder living expense Federal Payroll Taxes.
	reueiai rayiuli Taxes.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## 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

	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/35 Rpt: 20/57	Texas Forever Forward	00083850
4 Date	5 Payee name	I
01/30/2025	Department of Treasury	
	· ·	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$84.00	Internal Revenue Service Center	
Expenditure from		
corporate funds	Ogden, UT 84201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Federal Unemployment Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	1	
Date	Payee name	
02/11/2025	Department of Treasury	
Amount (\$)	Payee address; City; State; Zip C	odo
` ,	Internal Revenue Service Center	oue
\$1,750.30	Internal Revenue Service Center	
Expenditure from		
corporate funds	Ogden, UT 84201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Federal Payroll Taxes
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	1	
Date	Payee name	
03/17/2025	Department of Treasury	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,750.26	Internal Revenue Service Center	
Ψ1,100,20	Internal revenue service servici	
Expenditure from	0.1	
corporate funds	Ogden, UT 84201	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Federal Payroll Taxes
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
experiental to belieff C/O	·	

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/35 Rpt: 21/57	Texas Forever Forward	00083850
4 Date	5 Payee name	<u>'</u>
04/30/2025	Department of Treasury	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1,750.30	Internal Revenue Service Center	
Expenditure from corporate funds	Ogden, UT 84201	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Federal Payroll Taxes
		r odorar r dyron r dxoo
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		gnt Onice neid
2 .		
Date	Payee name	
05/16/2025	Department of Treasury	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,750.24	Internal Revenue Service Center	
Expenditure from		
corporate funds	Ogden, UT 84201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Federal Payroll Taxes
Operation ONE Wife discont	Oscalidate IOffice Includes a second	Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	ght Office held
<u> </u>		
Date	Payee name	
06/13/2025	Department of Treasury	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,750.28	Internal Revenue Service Center	
— Foresaditors from		
Expenditure from corporate funds	Ogden, UT 84201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	-	Check if Austin, TX, officeholder living expense
		Federal Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experience to beliefft G/OI	•	

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

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/35 Rpt: 22/57	Texas Forever Forward	00083850
4 Date	5 Payee name	·
04/29/2025	Department of Treasury	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5,616.00	Internal Revenue Service Center	
Evnanditura from		
Expenditure from corporate funds	Ogden, UT 84201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description
OF EXPENDITURE	Taxes	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense 1120 POL Taxes
		1120 POL Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/Ol		Cinice netu
Date		
02/28/2025	Payee name Embry Communications	
	,	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	2705 Long Lasso Pass	
Expenditure from corporate funds	Leander, TX 78641	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
_/		Check if Austin, TX, officeholder living expense  Communications Consultant
		Communications Consultant
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·	Cinice field
Date	Daysa nama	
03/28/2025	Payee name Embry Communications	
	•	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2705 Long Lasso Pass	
\$2,500.00	2705 Long Lasso Pass	
Expenditure from corporate funds	Leander, TX 78641	
PURPOSE		) Description
OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, , , , , , , , , , , , , , , , , , , ,	Check if Austin, TX, officeholder living expense
		Communications Consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
experientare to beliefit 6/01	•	

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 17/35 Rpt: 23/57	Texas Forever Forward 00083850
4 Date	5 Payee name
05/20/2025	Embry Communications
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	2705 Long Lasso Pass
Expenditure from	Loandor TV 70641
corporate funds	Leander, TX 78641
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Communications Consultant
	Communications Consultant
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	
Date	Payee name
01/08/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$3.73	2632 Marine Way
Expenditure from	M - 4-11-1/7 - 04-04040
corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/03/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$3.73	
\$3.73	2632 Marine Way
Expenditure from	
corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EAPENDITURE	Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/35 Rpt: 24/57	Texas Forever Forward 00083850
4 Date	5 Payee name
02/27/2025	Intuit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.87	2632 Marine Way
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	•
Date	Payee name
03/03/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$3.73	2632 Marine Way
Ψ0.1.0	2002 maino way
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORL	Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/27/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$1.87	2632 Marine Way
Φ1.07	2032 Maille Way
Expenditure from	
corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LA LABITORL	Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure 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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula Edu	
1 Total pages Schedule F1: Sch: 19/35 Rpt: 25/57	2 FILER NAME 3 Filer ID (Ethics Commission Filers)  Texas Forever Forward 00083850
4 Date	5 Payee name
03/31/2025	Intuit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.73	2632 Marine Way
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
	vertuor payment processing rees.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiditure to beriefft C/O	<b>1</b>
Date	Payee name
05/01/2025	Intuit
Amount (¢)	
Amount (\$)	
\$3.73	2632 Marine Way
- Cynonditure from	
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•
•	
Date	Payee name
05/19/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$1.87	2632 Marine Way
Ψ1.07	2002 Manife Way
Expenditure from	
corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Vendor payment processing fees.
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 Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: 2 FILER NAME Sch: 20/35 Rpt: 26/57 Taxas Forever Forward \$ \$ Flori   Citizes Commission Filers)	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Sch: 20/35 Rpt: 26/57	1 Total pages Cabadula F1:		
Initial	, •		
Figure 2015   Figure 3   Figure	4 Date	5 Payee name	
Expenditure from Complete DNLY if direct expenditure to benefit C/OH  Expenditure from Complete DNLY if direct expenditure to benefit C/OH  Expenditure from Componer binds  Expenditure to benefit C/OH  Expenditure from Componer binds  Expenditure to benefit C/OH  Expenditure from Componer binds  Expenditure to benefit C/OH  Expenditure to benefit	06/02/2025	Intuit	
Expenditure from corporate funds   Sa.74   2632 Marine Way   Mountain View, CA 94043	6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from comporate funds  8	` '		
Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held			
Office Overhead/Rental Expense		Mountain View, CA 94043	
Office Overhead/Rental Expense		(a) Category (See Categories listed at the top of this schedule) (b) Description	
Candidate/Officeholder name   Office sought   Office held		Office Overhead/Rental Expense	
9 Complete ONLY if direct expenditure to benefit C/OH  Date 01/30/2025	_/		
Date O1/30/2025   Payee name Korstad, Tara (Mrs.)   Payee address; City; State; Zip Code   412 Thistlewood Dr.   Expenditure from corporate funds   Austin, TX 78745   Check if avael outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense Wages for committee administrative services.   Complete ONLY if direct expenditure to benefit C/OH   Payee name Korstad, Tara (Mrs.)   Payee address; City; State; Zip Code   412 Thistlewood Dr.   Check if Austin, TX, officeholder living expense Wages for committee administrative services.   Complete ONLY if direct expenditure to benefit C/OH   Payee name Korstad, Tara (Mrs.)   Payee address; City; State; Zip Code   412 Thistlewood Dr.   Check if Austin, TX 78745   Check if Austin,		vendor payment processing lees.	
Date O1/30/2025   Payee name Korstad, Tara (Mrs.)   Payee address; City; State; Zip Code   412 Thistlewood Dr.   Expenditure from corporate funds   Austin, TX 78745   Check if avael outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense Wages for committee administrative services.   Complete ONLY if direct expenditure to benefit C/OH   Payee name Korstad, Tara (Mrs.)   Payee address; City; State; Zip Code   412 Thistlewood Dr.   Check if Austin, TX, officeholder living expense Wages for committee administrative services.   Complete ONLY if direct expenditure to benefit C/OH   Payee name Korstad, Tara (Mrs.)   Payee address; City; State; Zip Code   412 Thistlewood Dr.   Check if Austin, TX 78745   Check if Austin,			
Date 01/30/2025  Amount (\$) \$2,109.25  Austin, TX 78745  PURPOSE OF EXPENDITURE    Candidate/Officeholder name   Office sought			
O1/30/2025 Korstad, Tara (Mrs.)  Amount (\$) Payee address; City; State; Zip Code  \$2,109.25 412 Thistlewood Dr.    Expenditure from corporate funds	experience to benefit 6/61	'	
Amount (\$)	Date	Payee name	
\$2,109.25	01/30/2025	Korstad, Tara (Mrs.)	
Austin, TX 78745  PURPOSE OF EXPENDITURE  Candidate/Officeholder name  OS2/28/2025  Amount (\$)  Payee address; City; State; Zip Code 412 Thistlewood Dr.  Expenditure from corporate funds  Payer name Korstad, Tara (Mrs.)  Austin, TX 78745  Purpose OS OS Expenditure from corporate funds  Austin, TX 78745  Purpose OS OS Expenditure from Corporate funds  Austin, TX 78745  Purpose OS OS Expenditure from Corporate funds  Austin, TX 78745  Candidate/Officeholder name Office sought  Office sought  Office sought  Office sought  Office held  Date ONLY if direct (a) Category (see Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder iving expense Wages for committee administrative services.  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages for committee administrative services.  Complete ONLY if direct expenditure to benefit C/OH  Date 02/28/2025  Amount (\$) Payee name Korstad, Tara (Mrs.)  Payee address; City; State; Zip Code \$2,109.26 412 Thistlewood Dr.  Expenditure from corporate funds  Austin, TX 78745  PURPOSE OF Salaries/Wages/Contract Labor  (a) Category (see Categories listed at the top of this schedule) OF EXPENDITURE  Candidate/Officeholder name  Office sought  Office held  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder it in the top of this schedule T. Check if the top of the top of the top of the schedule T. Check if the top of the top of the top of the sche	\$2,109.25	412 Thistlewood Dr.	
PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages for committee administrative services.  Complete ONLY if direct expenditure to benefit C/OH  Date 02/28/2025  Amount (\$) Payee name Korstad, Tara (Mrs.)  Payee address; City; State; Zip Code \$2,109.26 412 Thistlewood Dr.  Expenditure from corporate funds  Austin, TX 78745  PURPOSE OF Salaries/Wages/Contract Labor  (a) Category (see Categories listed at the top of this schedule) OF EXPENDITURE  Candidate/Officeholder name  Office sought  Office held  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder it in the top of this schedule T. Check if the top of the top of the top of the schedule T. Check if the top of the top of the top of the sche			
Salaries/Wages/Contract Labor    Check if travel outside of Texas. Complete T. Check if Austin, TX, officeholder Ining expense Wages for committee administrative services.    Complete ONLY if direct expenditure to benefit C/OH		Austin, TX 78745	
EXPENDITURE  Salaries/Wages/Contract Labor  Check if Austin, TX, officeholder living expense  Wages for committee administrative services.  Complete ONLY if direct expenditure to benefit C/OH  Date  O2/28/2025  Amount (\$)  Payee name  Korstad, Tara (Mrs.)  Amount (\$)  Payee address; City; State; Zip Code  \$2,109.26  412 Thistlewood Dr.  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if Austin, TX, officeholder living expense  Wages for committee administrative services.  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			
Complete ONLY if direct expenditure to benefit C/OH  Date 02/28/2025  Amount (\$)  Payee address; City; State; Zip Code 412 Thistlewood Dr.  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	_	Salatics/ Wages/Contract Eabor	
Complete ONLY if direct expenditure to benefit C/OH  Date 02/28/2025  Amount (\$)  Payee address; City; State; Zip Code \$2,109.26  412 Thistlewood Dr.  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held  Office held			
Date 02/28/2025 Payee name Korstad, Tara (Mrs.)  Amount (\$) Payee address; City; State; Zip Code 412 Thistlewood Dr.  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages for committee administrative services.		wages for committee auministrative services.	
Date 02/28/2025 Payee name Korstad, Tara (Mrs.)  Amount (\$) Payee address; City; State; Zip Code 412 Thistlewood Dr.  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages for committee administrative services.	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold	
Amount (\$)   Payee address; City; State; Zip Code   412 Thistlewood Dr.		· ·	
Amount (\$) Payee address; City; State; Zip Code  \$2,109.26 412 Thistlewood Dr.  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages for committee administrative services.  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	Date	Payee name	
\$2,109.26 412 Thistlewood Dr.    Expenditure from corporate funds	02/28/2025	Korstad, Tara (Mrs.)	
Expenditure from corporate funds  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages for committee administrative services.  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages for committee administrative services.  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	\$2,109.26	412 Thistlewood Dr.	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wages for committee administrative services.  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			
OF EXPENDITURE  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Wages for committee administrative services.  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		Austin, TX 78745	
EXPENDITURE  Salaries/Wages/Contract Labor  Check if Austin, TX, officeholder living expense  Wages for committee administrative services.  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		, ,	
Complete ONLY if direct  Candidate/Officeholder name  Check if Austin, 1X, officeholder living expense  Wages for committee administrative services.  Office sought  Office held		Salaries/Wages/Cortifact Labor	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
		wages for confinittee auministrative services.	
	Complete CNU V if all	Condidate/Officeholder name Office sought	
·	· —		
	,		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/35 Rpt: 27/57 **Texas Forever Forward** 00083850 4 Date Payee name 03/31/2025 Korstad, Tara (Mrs.) 6 Amount (\$) Payee address; State; Zip Code \$2,109.25 412 Thistlewood Dr. Expenditure from Austin, TX 78745 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Wages for committee administrative services. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/30/2025 Korstad, Tara (Mrs.) Amount (\$) Payee address; City; State; Zip Code \$2,109.26 412 Thistlewood Dr. Expenditure from Austin, TX 78745 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Wages for committee administrative services. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2025 Korstad, Tara (Mrs.) Amount (\$) Payee address: City; State; Zip Code \$2,109.26 412 Thistlewood Dr. Expenditure from corporate funds Austin, TX 78745 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Wages for committee administrative services. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 22/35 Rpt: 28/57	Texas Forever Forward	00083850		
4 Date	5 Payee name			
06/30/2025	Korstad, Tara (Mrs.)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,109.26	412 Thistlewood Dr.			
- Evpanditura from				
Expenditure from corporate funds	Austin, TX 78745			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Wages for committee administrative services.		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI		Since Hold		
Date	Davisa sama			
01/09/2025	Payee name			
	LHP+Company Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$7,500.00	PO Box 29382			
Expenditure from corporate funds	Austin, TX 78755			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.		
LAFENDITORE		Check if Austin, TX, officeholder living expense		
		Political Consultant and Related Expenses.		
		05.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
02/04/2025	LHP+Company Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$7,500.00	PO Box 29382			
- Evanaditura from				
Expenditure from corporate funds	Austin, TX 78755			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE		Check if Austin, TX, officeholder living expense		
		Political Consultant and Related Expenses.		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
experiente to benefit 6/01	·			

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

Credit Card Payment	Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:					
Sch: 23/35 Rpt: 29/57	Texas Forever Forward 00083850				
4 Date	5 Payee name				
03/04/2025	LHP+Company Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Code PO Box 29382				
\$7,500.00	PO B0X 29382				
Expenditure from corporate funds	Austin, TX 78755				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	Political Consultant and Related Expenses.				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/01/2025	LHP+Company Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$7,500.00	PO Box 29382				
Expenditure from					
corporate funds	Austin, TX 78755				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	Political Consultant and Related Expenses.				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date 05/02/2025	Payee name LHP+Company Inc.				
Amount (\$)					
\$7,500.00	Payee address; City; State; Zip Code PO Box 29382				
41,000.00	. 6 26. 2662				
Expenditure from corporate funds	Austin, TX 78755				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Political Consultant and Related Expenses.				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure 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

Credit Card Payment	The Instruction Guide explains how	to complete this fo	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F1:		<u> </u>	3 Filer ID (Ethics Commission Filer	s)
Sch: 24/35 Rpt: 30/57	Texas Forever Forward		00083850	•
4 Date	5 Payee name		·	
06/05/2025	LHP+Company Inc.			
6 Amount (\$)	7 Payee address; City; State; Z	Code		
\$7,500.00	PO Box 29382			
Expenditure from corporate funds	Austin, TX 78755			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule			
EXPENDITURE	Consulting Expense		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense	
		, <u>–</u>	I Consultant and Related Expenses.	
			•	
9 Complete ONLY if direct	Candidate/Officeholder name Offic	sought	Office held	
expenditure to benefit C/OI		v		
Date	Payee name			
01/30/2025	Millan and Company P.C.			
Amount (\$)	Payee address; City; State; Z	Code		
\$107.50	812 San Antonio Rd. Suite L17	Coue		
Φ107.30	012 San Antonio Ru. Suite L17			
Expenditure from corporate funds	Austin, TX 78701			
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Descript	ion	
OF EXPENDITURE	Accounting/Banking	Check	if travel outside of Texas. Complete Schedule T.	
			if Austin, TX, officeholder living expense atting and Ethics Compliance.	
		Accoun	and Lanes Compliance.	
Complete ONLV if direct	Candidate/Officeholder name Office	sought	Office held	
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Dete				
Date	Payee name			
02/26/2025	Millan and Company P.C.			
Amount (\$)	Payee address; City; State; Z	Code		
\$1,450.95	812 San Antonio Rd. Suite L17			
Expenditure from				
corporate funds	Austin, TX 78701			
PURPOSE	(a) Category (See Categories listed at the top of this schedule			
OF EXPENDITURE	Accounting/Banking		if travel outside of Texas. Complete Schedule T.	
			if Austin, TX, officeholder living expense ating and Ethics Compliance.	
		7,00001	and Lance Compilation.	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Offic	sought	Office held	
expenditure to benefit C/OI		Joughn	Chiec Helu	

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total manage Coloradula 54	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 25/35 Rpt: 31/57	Texas Forever Forward 00083850
4 Date	5 Payee name
03/07/2025	Millan and Company P.C.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$60.00	812 San Antonio Rd. Suite L17
Ψ00.00	012 Sull Altonio Nu. Suite E17
Expenditure from	
corporate funds	Austin, TX 78701
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Accounting and Ethics Compliance.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>-</del>
Date	Douge name
	Payee name
04/30/2025	Millan and Company P.C.
Amount (\$)	Payee address; City; State; Zip Code
\$60.00	812 San Antonio Rd. Suite L17
Expenditure from corporate funds	Austin, TX 78701
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Tayon Complete Schedule T
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Accounting and Ethics Compliance.
	7.000driaing and Earnes Compilation.
Complete ONLY if divest	Condidate/Office helder name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/15/2025	Millan and Company P.C.
Amount (\$)	Payee address; City; State; Zip Code
\$1,086.98	812 San Antonio Rd. Suite L17
Ψ±,000.00	5 5 5 6 6 6 6 6 6 6
Expenditure from	A . (C. TV 70704
corporate funds	Austin, TX 78701
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.
ZAI ZHBITONZ	Check if Austin, TX, officeholder living expense
	Accounting and Ethics Compliance.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	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: 26/35 Rpt: 32/57	Texas Forever Forward 00083850		
4 Date	5 Payee name		
01/03/2025	Nueces Marketing Partners LTD		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$708.75	1920 Nacogdoches Rd.		
- "			
Expenditure from corporate funds	San Antonio, TX 78209		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense  Committee Office Rent.		
	Committee Office Rent.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experialitate to belieff of of	•		
Date	Payee name		
01/31/2025	Nueces Marketing Partners LTD		
Amount (\$)	Payee address; City; State; Zip Code		
\$708.75	1920 Nacogdoches Rd.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Expenditure from	San Antonia, TV 70200		
corporate funds	San Antonio, TX 78209		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description		
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Committee Office Rent.		
	Communication Control Notice		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
·			
Date	Payee name		
03/03/2025	Nueces Marketing Partners LTD		
Amount (\$)	Payee address; City; State; Zip Code		
\$708.75	1920 Nacogdoches Rd.		
Expenditure from corporate funds	San Antonio, TX 78209		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Committee Office Rent.		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH		

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 27/35 Rpt: 33/57	FILER NAME     Texas Forever Forward		3 Filer ID (Ethics Commission Filers) 00083850
4	Date 04/01/2025	Payee name     Nueces Marketing Partners LTD		·
6	Amount (\$) \$708.75	<b>7</b> Payee address; City; State; Zip Co 1920 Nacogdoches Rd.	de	
	Expenditure from corporate funds	San Antonio, TX 78209		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Offlice Overhead/Rental Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Committee Office Rent.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date 05/01/2025	Payee name Nueces Marketing Partners LTD		
Г	Amount (\$) \$708.75  Expenditure from corporate funds	Payee address; City; State; Zip Co 1920 Nacogdoches Rd. San Antonio, TX 78209	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Committee Office Rent.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght	Office held
	Date 06/01/2025 Amount (\$)	Payee name Nueces Marketing Partners LTD Payee address; City; State; Zip Co	de	
	\$708.75  Expenditure from corporate funds	1920 Nacogdoches Rd. San Antonio, TX 78209		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Committee Office Rent.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght	Office held

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment		abor 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: 28/35 Rpt: 34/57	Texas Forever Forward	00083850		
4 Date	5 Payee name	•		
01/02/2025	Plum Interests, LLC			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$68.20	115 Circle Street			
Expenditure from corporate funds	San Antonio, TX 78209			
8 PURPOSE		Air a		
OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pontal Expanse	NION k if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	onice overnead/Nental Expense	k if Austin, TX, officeholder living expense		
	Comm	ittee Computer Software		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI	H			
Date	Payee name			
05/06/2025	Plum Interests, LLC			
Amount (\$)	Payee address; City; State; Zip Code			
\$68.20	115 Circle Street			
ψ00.20				
Expenditure from	Can Artania TV 70200			
corporate funds	San Antonio, TX 78209			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			
EXPENDITURE	Office Overficad/Nertial Expense	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense		
	I □ □	ittee Computer Software		
		·		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	expenditure to benefit C/OH			
Date	Payee name			
03/26/2025	RPSA Attorneys At Law			
Amount (\$)	Payee address; City; State; Zip Code			
\$193.75	755 East Mulberry			
Expenditure from	Suite 200			
corporate funds	San Antonio, TX 78212			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip			
OF EXPENDITURE	Legal Services	k if travel outside of Texas. Complete Schedule T.		
		k if Austin, TX, officeholder living expense fees for committee work.		
	Legai i	ices for committee work.		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI		Office field		

## 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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 29/35 Rpt: 35/57	Texas Forever Forward	00083850
4 Date	5 Payee name	•
01/03/2025	Spectrum Business	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$133.23	PO Box 660815	
- "		
Expenditure from corporate funds	Dallas, TX 75266	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Committee office utilities.
		Committee office duffices.
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held
expenditure to benefit C/OI		
Date	Payee name	
01/31/2025	Spectrum Business	
Amount (\$)	Payee address; City; State; Zip Co	nda
\$133.23	PO Box 660815	ouc .
Ψ100.20	1 0 Box 000013	
Expenditure from corporate funds	Dallas, TX 75266	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Committee office utilities.
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght Office held
expenditure to benefit C/OI	-1	
Date	Payee name	
03/03/2025	Spectrum Business	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$133.24	PO Box 660815	
Expenditure from corporate funds	Dallas, TX 75266	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Committee office utilities.
Complete ONLY if direct	Condidate/Officeholder name Office equ	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ught Office held

## 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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 30/35 Rpt: 36/57	Texas Forever Forward	00083850
4 Date	5 Payee name	•
04/01/2025	Spectrum Business	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$134.48	PO Box 660815	
Expenditure from corporate funds	Dallas, TX 75266	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Committee office utilities.
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O		5
Date	Payee name	
05/01/2025	Spectrum Business	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$134.48	PO Box 660815	
Ψ10 II 10	1 0 20% 000010	
Expenditure from corporate funds	Dallas, TX 75266	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Committee office utilities.
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	4	
Date	Payee name	
06/01/2025	Spectrum Business	
Amount (\$)	Payee address; City; State; Zip Co	de
\$134.48	PO Box 660815	
Expenditure from corporate funds	Dallas, TX 75266	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Committee office utilities.
Complete ONLY if direct	Condidate/Officeholder name Office act	oht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held

#### 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

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: 31/35 Rpt: 37/57	Texas Forever Forward 00083850
4 Date	5 Payee name
04/01/2025	Texas 2036
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	3963 Maple Ave.
— Forest dit us form	Suite 290
Expenditure from corporate funds	Dallas, TX 75219
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Charitable contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/05/2025	The Brookings Institution
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	1775 Massachusetts
Expenditure from	
corporate funds	Washington, DC 20036
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
	Charitable Contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/03/2025	Travelers Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$50.76	PO Box 660317
Expenditure from corporate funds	Dallas, TX 75266-0317
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Property and Casualty Coverage for Committee Office.
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
•	

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	,,
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Etl	nics Commission Filers)
Sch: 32/35 Rpt: 38/57	Texas Forever Forward 00083850	
4 Date	5 Payee name	
01/31/2025	Travelers Insurance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$50.76	PO Box 660317	
Expenditure from corporate funds	Dallas, TX 75266-0317	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expe	
	Office.	o for Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Data		
Date	Payee name	
03/03/2025	Travelers Insurance	
Amount (\$)	Payee address; City; State; Zip Code	
\$93.07	PO Box 660317	
Expenditure from		
corporate funds	Dallas, TX 75266-0317	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expe	
	Office.	o for Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Data		
Date 02/26/2025	Payee name U.S. Post Office	
Amount (\$)	Payee address; City; State; Zip Code	
\$360.00	1107 Austin Highway	
Expenditure from		
corporate funds	San Antonio, TX 78209	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete:	
	Annual PO Box Rental Fee.	ii30
	, undan e Box tental rec.	
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
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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 33/35 Rpt: 39/57	Texas Forever Forward 00083850
4 Date	5 Payee name
01/07/2025	Wall Street Journal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Expenditure from corporate funds	New York, NY 10036
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Subscription for Committee Use.
	Subscription for Committee Ose.
O Commission ONULY II	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/04/2025	Wall Street Journal
Amount (\$)	Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Expenditure from corporate funds	New York, NY 10036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Subscription for Committee Use.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/01/2025	Wall Street Journal
Amount (\$)	Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Ψ10.13	TETT / Worldo of the / Whorload
Expenditure from	Nov. Verla NV 10000
corporate funds	New York, NY 10036
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Subscription for Committee Use.
	Subscription for Committee Osc.
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
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#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 34/35 Rpt: 40/57	Texas Forever Forward 00083850
	l.
4 Date	5 Payee name
04/29/2025	Wall Street Journal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Expenditure from	Now York NV 10026
corporate funds	New York, NY 10036
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Subscription for Committee Use.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/27/2025	Wall Street Journal
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$70.19	1211 Avenue of the Americas
Expenditure from	
corporate funds	New York, NY 10036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Subscription for Committee Use.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dato	Douge name
Date	Payee name
02/04/2025	Wall Street Journal
Amount (\$)	Payee address; City; State; Zip Code
\$70.19	1211 Avenue of the Americas
Expenditure from corporate funds	New York, NY 10036
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Subscription for Committee Use.
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	

## 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Co	mmittee	Gift/Awards/Mer Legal Services The Instructi	norials Expense  on Guide explain		xpense Vages/C	contract Labor		Travel Out of Di OTHER (enter a	strict category not listed a	oove)
┰	Total pages Schedule F1:	2	EII ER NAME		· ·				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 35/35 Rpt: 41/57	_	Texas Fore		1					00083850	(2000 0000000	
Ļ	-	_			•							
4	Date	5	Payee name									
l	06/24/2025		Wall Street	Journal								
6	Amount (\$)	7	Payee addre	ss; City;	Stat	te; Zip Co	ode					
l	\$70.19		1211 Aveni	ue of the An	nericas							
l												
╓	Expenditure from corporate funds		New York,	NV 10036								
Ļ	· .											
8	PURPOSE OF	(a)			ed at the top of this s	chedule)	(b) [	Description				
l	EXPENDITURE		Office Over	head/Renta	l Expense		l ¦	Check if travel of Check if Austin,			plete Schedule T.	
							L	Subscription f				
l							`	oubscription i	101	Committee	030.	
L							<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI	⊢ (	Candidate/Off	iceholder nan	ne	Office sou	ight			Office h	eld	
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#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 42/57 Texas Forever Forward 00083850 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/30/2025 Department of Treasury Amount (\$) Payee address; State; Zip Code \$1,750.26 Internal Revenue Service Center Expenditure from Ogden, UT 84201 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Incurred Federal Payroll Taxes. 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Department of Treasury 06/30/2025 Amount (\$) Payee address; City; State; Zip Code \$84.00 Internal Revenue Service Center Expenditure from Ogden, UT 84201 corporate funds TYPE OF Non-Political Χ Political **EXPENDITURE**

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 43/57 **Texas Forever Forward** 00083850 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/30/2025 **Texas Workforce Commission** Amount (\$) Payee address; City; State; Zip Code \$4.93 101 E. 15th Street Expenditure from Austin, TX 78778 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Incurred State Unemployment Taxes** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filer				
Sch: 1/11 Rpt: 44/57	Texas Forever For	ward		00083850			
4 CREDIT CARD ISSUER		ncial institution e Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 258.91			
6 PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$487.13	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issue 05/06/2025	er Paid			
7 PAYEE	(a) Payee name Bridgehead, I.T.		(b) Payee address; City, State, Zip Coo 1335 Central Parkway South Suite 100 San Antonio, TX 78232				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Quarterly IT Support				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$120.00	(b) Date of Charge 01/20/2025	(c) Date(s) Credit Card Issue 02/21/2025	er Paid			
PAYEE	(a) Payee name  Nation Builder		(b) Payee address; PO Box 811428  Los Angeles, CA 90081	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Committee Campaign So	ftware.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$482.48	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issue 04/03/2025	er Paid			
PAYEE	(a) Payee name  American Airlines		(b) Payee address; 1 Skyview Drive Fort Worth, TX 76155	City, State, Zip Code			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Airfare for Joe Straus to attend Brookings Institution Board Meeting				
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Carididate/Officeriolder/Folitica	g	ruction Guide explains how	· ·	THER (enter a category i	iot iisteu at	iovej	
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics	Commiss	ion Filers)	
Sch: 2/11 Rpt: 45/57	Texas Forever Forw	vard		00083850		,	
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	258.9	1	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds	\$20.00	03/05/2025	04/03/2025				
7 PAYEE	(a) Payee name  American Airlines		(b) Payee address;  1 Skyview Drive	City,	State,	Zip Code	
0. PURPOSE OF	(a) Catagoni		Fort Worth, TX 76155				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top or Travel Out of District	of this schedule)	(b) Description Wifi for Joe Straus while to Institution Board Meeting	raveling to attend	d Brook	ings	
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$460.23	(b) Date of Charge 03/25/2025	(c) Date(s) Credit Card Issuer 04/03/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	ВОА		300 W. 6th Street				
			Austin, TX 78701				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Food/Beverage Exper		(b) Description  Meeting to Discuss Committee Business.				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Chock if Austin TV	officeholder living expen	50		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Office held	30		
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$2,254.59	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer 04/26/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Aristotle		205 Pennsylvania Ave., S	E			
			Washington, DC 20003				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Office Overhead/Rent		(b) Description Committee software.				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics	Commiss	sion Filers)			
Sch: 3/11 Rpt: 46/57	Texas Forever Forv	vard	00083850					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	91			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$164.68	01/10/2025	02/21/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	AT&T Mobility		PO Box 650574					
			Dallas, TX 75265-0574					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent		Cellular telephone for con	nmittee use.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$174.90	06/15/2025	06/30/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	AT&T Mobility		PO Box 650574					
			Dallas, TX 75265-0574					
PURPOSE OF	(a) Category	of this cobody (a)	(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Cellular telephone for committee use.					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chock if Austin TV	officeholder living expe	neo			
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	1130			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$18.90	01/16/2025	02/21/2025					
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
			2632 Marine Way					
	Intuit							
			Mountain View, CA 94043	3				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
EXPENDITURE	Salaries/Wages/Conti	,	Payroll Processing Fees.					
X Political								
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	nse			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	•				
1 Total pages Schedule F4:	2 FILER NAME	(	3 Filer ID (Ethics Commission Filers)					
Sch: 4/11 Rpt: 47/57	Texas Forever Forv	vard	00083850					
4 CREDIT CARD ISSUER		ncial institution revious	tution  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 258.91		
6 PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$15.12	(b) Date of Charge 06/16/2025	(c) Date(s) Credit C 06/30/2025	Card Issuer F	Paid			
7 PAYEE	(a) Payee name		(b) Payee address; 2632 Marine Way	у	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Salaries/Wages/Contr	· · · · · · · · · · · · · · · · · · ·	Mountain View, (b) Description Payroll Processir					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, of	fficeholder living exp	ense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$120.00	(b) Date of Charge 02/23/2025	(c) Date(s) Credit C 03/28/2025	Card Issuer F	Paid			
PAYEE	(a) Payee name  Nation Builder		(b) Payee address; PO Box 811428 Los Angeles, CA		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Committee Camp		ware.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, of	fficeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$152.32	(b) Date of Charge 05/20/2025	(c) Date(s) Credit C 06/26/2025	Card Issuer F	Paid			
PAYEE	(a) Payee name PJ Clarke's		(b) Payee address; 1600 K Street NV Washington, DC	W	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description Meeting to discus	ss committ	tee business.			
Non-Political	(1)	of Texas. Complete Schedule T.		if Austin, TX, of	fficeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 5/11 Rpt: 48/57	Texas Forever Forv	vard	00083850					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 258.91				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$563.48	02/25/2025	04/03/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	United Airlines		233 S. Wacker Dr.					
			Chicago, IL 60606					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	attand the Dunckings Institution				
X Political	Travel Out of District		Board Meeting on	attend the Brookings Institution				
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$164.76	02/10/2025	03/28/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	AT&T Mobility		PO Box 650574					
			Dallas, TX 75265-0574					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
X Political	Office Overhead/Rent		Cellular telephone for committee use.					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$164.75	03/10/2025	04/26/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	ATOT MARKINA		PO Box 650574					
	AT&T Mobility							
			Dallas, TX 75265-0574					
PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description					
EXPENDITURE	Office Overhead/Rent	•	Cellular telephone for con	nmittee use.				
X Political		·						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 6/11 Rpt: 49/57	Texas Forever Forv	vard	00083850				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 258.91			
6 PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$164.77	(b) Date of Charge 04/15/2025	(c) Date(s) Credit Card Issue 05/23/2025	r Paid			
7 PAYEE	(a) Payee name  AT&T Mobility		(b) Payee address; PO Box 650574 Dallas, TX 75265-0574	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Cellular telephone for cor	nmittee use.			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$174.91	(b) Date of Charge 05/23/2025	(c) Date(s) Credit Card Issue 06/26/2025	r Paid			
PAYEE	(a) Payee name  AT&T Mobility		(b) Payee address; PO Box 650574 Dallas, TX 75265-0574	City, State, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Cellular telephone for cor	nmittee use.			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$451.04	(b) Date of Charge 01/05/2025	(c) Date(s) Credit Card Issue 02/07/2025	r Paid			
PAYEE	(a) Payee name Bridgehead, I.T.		(b) Payee address; 1335 Central Parkway Sc Suite 100 San Antonio, TX 78232	City, State, Zip Code outh			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Quarterly IT Support				
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Austin, TX e sought	office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)			
Sch: 7/11 Rpt: 50/57	Texas Forever For	ward		00083850				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRECARD	\$	\$ 258.91			
6 PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$277.20	(b) Date of Charge 06/16/2025	(c) Date(s) Credit Card Iss 05/23/2025	suer Paid				
7 PAYEE	(a) Payee name Intuit		(b) Payee address; 2632 Marine Way Mountain View, CA 94	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Annual Accounting Soi		on.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$120.00	(b) Date of Charge 03/23/2025	(c) Date(s) Credit Card Is: 04/26/2025	suer Paid				
PAYEE	(a) Payee name  Nation Builder		(b) Payee address; PO Box 811428  Los Angeles, CA 9008	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren	•	(b) Description Committee Campaign					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$120.00	(b) Date of Charge 04/20/2025	(c) Date(s) Credit Card Is: 05/23/2025	suer Paid				
PAYEE	(a) Payee name Nation Builder		(b) Payee address; PO Box 811428  Los Angeles, CA 9008	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Committee Campaign	Software.				
Non-Political	`	of Texas. Complete Schedule T.		, TX, officeholder living ex	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	-4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 8/11 Rpt: 51/57	Texas Forever Forward			00083850				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	258.9	91		
6 PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$120.00	(b) Date of Charge 05/23/2025	(c) Date(s) Credit Card Issue 06/26/2025	er Paid				
7 PAYEE	(a) Payee name (b) Payee address; PO Box 811428		PO Box 811428	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Los Angeles, CA 90081 (b) Description Committee Campaign So		ftware.					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$120.00	(b) Date of Charge 06/23/2025	(c) Date(s) Credit Card Issue 06/30/2025	er Paid				
PAYEE	(a) Payee name  Nation Builder		(b) Payee address; PO Box 811428 Los Angeles, CA 90081	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		(b) Description Committee Campaign Software.						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$322.48	(b) Date of Charge 04/21/2025	(c) Date(s) Credit Card Issue 05/23/2025	er Paid				
PAYEE	(a) Payee name  Southwest Airlines		(b) Payee address; 2702 Love Field Dr. Dallas, TX 75235	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Airfare for Joe Straus to attend George Bush Advisory Board meeting.					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	e F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 9/11 Rpt: 52/57	Texas Forever Forward			00083850				
4 CREDIT CARD ISSUER	Name of financial institution  See previous  5 TOTAL OF UN EXPENDITUR CHARGED TO CARD			\$	258.9	91		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
Expenditure from corporate funds	\$18.00	03/07/2025	04/03/202	5				
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	United Airlines		233 S. Wa	cker Dr.				
			Chicago, II	L 60606				
8 PURPOSE OF	(a) Category	60: 1.11	(b) Descripti					
EXPENDITURE  X Political	(See Categories listed at the top Travel Out of District	or this schedule)	Wifi for Joe Meeting or	e Straus to atter	nd the Brooking	gs Institu	tion Board	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
Expenditure from corporate funds	\$136.20	04/23/2025	05/23/202	5				
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	Uber		1455 Mark	et St.				
	San Francisco, CA 94103							
PURPOSE OF	(a) Category	of this cohodulo)	(b) Descripti				_	
EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Travel Out of District  Transportation for Joe Str Bush Advisory Board Mee			ition for Joe Stra sory Board Mee	aus while partic ting	cipating i	n George	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
Expenditure from corporate funds	\$971.66	03/07/2025	04/03/202	b				
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	The 1-#	1	1200 16th St. NW					
	The Jefferson Hote	I						
			Washington, DC 20036					
PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule)				9	. 5		
l <u> </u>	(See Categories listed at the top of this schedule)  Travel Out of District  Lodging for Joe Straus while attending Institution Board Meeting.				ie Brooki	ngs		
X Political			montantion	Dodra Wiccing.	•			
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 10/11 Rpt: 53/57	Texas Forever Forward			00083850			
4 CREDIT CARD ISSUER	Name of financial institution 5 see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 258.91			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$565.81	05/22/2025	06/26/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	The Jefferson Hote	ıl					
	() 2 :		Washington, DC 20036				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	hilo attanding the Dreekings			
X Political	Travel Out of District	,	Instituition Board Meeting	hile attending the Brookings J.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 04/03/2025	r Paid			
Expenditure from corporate funds	\$149.53	03/06/2025	04/03/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Uber		1455 Market St.				
		San Francisco, CA 94103	3				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Travel Out of District	o. alic osilodaloj	Transportation for Joe Straus while participating in Brookings Institution Board Meeting				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT			(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$37.97	05/22/2025	06/26/2025				
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	1455 Market St.		1455 Market St.				
	Uber						
San Francisco, CA 94103							
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description				
EXPENDITURE	Travel Out of District	of this scriedule)	Transportation for Joe Straus while participating in				
X Political	Brookings Institution Board Meeting.						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	<ul> <li>Gift/Awards</li> </ul>	Memorials Expense P	rinting Expense Tr	avel in District avel Out of District	not listed ab	ovo)
	Candidate/Onicendider/Politica	· ·	ces s ruction Guide explains ho	*	THER (enter a category	not listed at	love)
1	Total pages Schedule F4:				3 Filer ID (Ethic	s Commiss	ion Filers)
	Sch: 11/11 Rpt: 54/57	Texas Forever Forv	vard		00083850		,
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED			
	ISSUER	see pr	evious	EXPENDITURES CHARGED TO A CREDIT	\$	258.9	1
		·		CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$217.36	06/15/2025	06/30/2025			
	·						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Go Daddy.com		14455 N. Hayden Rd.			
		Co Daday.com		Suite 219			
		() 2		Scottsdale, AZ 85260			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	sistration Face		
		Office Overhead/Rent	•	Annual Domain Name Re	gistration Fees.		
	X Political						
	Non-Political	` ' -	of Texas. Complete Schedule T.		officeholder living expe	ense	
	Complete ONLY if direct cpenditure to benefit C/OH	Candidate/Officeholder	name Offi	ce sought	Office held		
е.	Remarkate to benefit C/OH						

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

	The Instru	pages Schedule K: 1/2 Rpt: 55/57			
2				Filer II	C (Ethics Commission Filers)
				00083	3850
4	Date	5 Name of person from whom amount is received	_		8 Amount (\$)
	01/31/2025	Frost Bank Money Market			\$1,041.60
	01/01/1010	6 Address of person from whom amount is received; City; State; Zip Code			-
		Address of person from whom amount is received, City, State, Zip Code			
		San Antonio, TX 78269			
			1111		
			Olitio	cal con	ribution returned to filer
		Interest Income			
	Date	Name of person from whom amount is received			Amount (\$)
	02/28/2025	Frost Bank Money Market			\$927.33
		Address of person from whom amount is received; City; State; Zip Code		•••••	1
		San Antonio, TX 78269			
		Purpose for which amount is received Check if p	olitio	cal cont	ribution returned to filer
		Interest Income			
	Data	Name of source from whom one with a received			Amazunt (ft)
	Date	Name of person from whom amount is received			Amount (\$)
	03/31/2025	Frost Bank Money Market			\$1,002.13
		Address of person from whom amount is received; City; State; Zip Code			
		Con Antonio TV 70260			
		San Antonio, TX 78269			
		<u> </u>	olitio	cal cont	ribution returned to filer
		Interest Income			
	Date	Name of person from whom amount is received			Amount (\$)
	04/30/2025	Frost Bank Money Market			\$945.92
		Address of person from whom amount is received; City; State; Zip Code			1
		San Antonio, TX 78269			
		Purpose for which amount is received Check if p	olitio	cal cont	ribution returned to filer
		Interest Income			
-	Date	Name of person from whom amount is received			Amount (\$)
	05/30/2025	Frost Bank Money Market			\$950.34
	03/30/2023				
		Address of person from whom amount is received; City; State; Zip Code			
		San Antonio TV 70260			
		San Antonio, TX 78269	- 1242	1	
		<u> </u>	oliti	cai cont	ribution returned to filer
		Interest Income			
l					

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 56/57 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Forever Forward 00083850 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2025 \$873.00 Frost Bank Money Market 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78269 Purpose for which amount is received Check if political contribution returned to filer Interest Income

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	uction Guide explains how to complete this fo	rm.	Total pages Schedule T: Sch: 1/1 Rpt: 57/57			
2 FILER NAME		3	Filer ID (Ethics Commission Filers)			
Texas Forever F	orward		00083850			
4 Name of Contribute	r / Corporation or Labor Organization / Pledgor /Payee	•				
American Airline						
5 Contribution / Expe	nditure reported on:					
Schedule A2	Schedule B Schedule B(J) Sc	chedule C2	Schedule D Schedule F1			
Schedule F2	X Schedule F4 Schedule G Sc	chedule H	Schedule COH-UC			
6 Dates of Travel	7 Name of person(s) traveling					
	Straus III, Joseph (The Honorable)					
	B Departure city or name of departure location					
03/05/2025	San Antonio					
	9 Destination city or name of destination location					
03/07/2025	Washington, D.C.					
10 Means of transport	ation 11 Purpose of travel (including name of conference	e, seminar, or ot	her event)			
Commercial Airp	ane Air transportation for Joe Straus to particip	ate in Brookin	gs Institution Board Meeting.			
Name of Contribut	r / Corporation or Labor Organization / Pledgor /Payee					
United Airlines						
Contribution / Expe	nditure reported on:					
Schedule A2	Schedule B Schedule B(J) Sc	chedule C2	Schedule D Schedule F1			
Schedule F2	X Schedule F4 Schedule G Sc	hedule H	Schedule COH-UC			
Dates of Travel	Name of person(s) traveling		_ <del></del>			
	Straus III, Joseph (The Honorable)					
	Departure city or name of departure location					
03/07/2025	Washington, D.C.					
	Destination city or name of destination location					
03/07/2025	San Antonio					
Means of transport	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Commercial Airplane Airfare for Joe Straus to return from participation in the Brookings Board meeting.						
	•					