

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00080288		2 Total pages filed: 12		OFFICE USE ONLY	
3 COMMITTEE NAME Friends of UT Southwestern Medical Center				Date Received ELECTRONICALLY FILED 07/15/2025	
4 TREASURER NAME Jackson Au.D, Margaret O. (Ms.)				Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____	
6 ORIGINAL PERIOD COVERED		Month Day Year 09/27/2024		Month Day Year 10/26/2024	

7 EXPLANATION OF CORRECTION

The attached corrects the report as originally filed by adding an expenditure in the amount of \$1,880.39 to Schedule F2 (Unpaid Incurred Obligations). I respectfully request that the report as originally filed be found in substantial compliance with the law and Chapter 18 of the Commission Rules and therefore no late penalty be assessed as a result of this correction.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Margaret O. Jackson Au.D

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080288	2 Total pages filed: 12
3 COMMITTEE NAME Friends of UT Southwestern Medical Center			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12900 Preston Road, Ste. 1210 Dallas, TX 75230		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Margaret O. NICKNAME LAST SUFFIX Jackson Au.D		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12900 Preston Road, Ste. 1210 Dallas, TX 75230		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12900 Preston Road, Ste. 1210 Dallas, TX 75230		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 505-3900		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 09/27/2024 THROUGH 10/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Friends of UT Southwestern Medical Center	13 Filer ID (Ethics Commission Filers) 00080288
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 77,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,377.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 198,127.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Margaret O. Jackson Au.D

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

17 COMMITTEE NAME Friends of UT Southwestern Medical Center		18 Filer ID (Ethics Commission Filers) 00080288
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 77,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,497.25
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,880.39
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 5/12
2 FILER NAME Friends of UT Southwestern Medical Center		3 Filer ID (Ethics Commission Filers) 00080288
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John 6 Contributor address; City; State; Zip Code Dallas, TX 75205	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Suzanne Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babb, Ralph W. Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chairman & CEO		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Henry C. Contributor address; City; State; Zip Code Garland, TX 75045	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Michael Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 6/12
2 FILER NAME Friends of UT Southwestern Medical Center		3 Filer ID (Ethics Commission Filers) 00080288
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciarochi, Fred <hr/> 6 Contributor address; City; State; Zip Code Duncanville, TX 75138	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dear, Margaret S. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Ruben E. <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Vice President Community & Corporate Relations		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, D. Jerrell <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Linda <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 7/12
2 FILER NAME Friends of UT Southwestern Medical Center		3 Filer ID (Ethics Commission Filers) 00080288
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Milledge <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Investments		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenevein, Edwin P. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Gary C. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75235	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Executive Chairman		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Heakyung <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Caren <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 8/12
2 FILER NAME Friends of UT Southwestern Medical Center		3 Filer ID (Ethics Commission Filers) 00080288
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Lila <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarr, Janie S. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moran, Kay Y. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nail, Patricia Dedman <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Philanthropist		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye, Erle A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 9/12
2 FILER NAME Friends of UT Southwestern Medical Center		3 Filer ID (Ethics Commission Filers) 00080288
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Senior Vice President		9 Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Podolsky, Daniel K. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raggio, Grier <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-2527	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Carl <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, William T. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-1884	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 10/12
2 FILER NAME Friends of UT Southwestern Medical Center		3 Filer ID (Ethics Commission Filers) 00080288
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Sally Ann <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinhart, Ronald G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jr., Jere <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Philanthropist		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikert, Alinda <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Todd <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chairman & CEO		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 11/12	2 FILER NAME Friends of UT Southwestern Medical Center	3 Filer ID (Ethics Commission Filers) 00080288
4 Date 10/03/2024	5 Payee name FedEx	
6 Amount (\$) \$34.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 660481 Dallas, TX 75266-0481	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overnight delivery service for committee as reported on Schedule F2 in prior report
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name USPS	
Amount (\$) \$1,462.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5959 Royal Lane, Suite 539 Dallas, TX 75230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage expense for committee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 12/12	2 FILER NAME Friends of UT Southwestern Medical Center	3 Filer ID (Ethics Commission Filers) 00080288
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 10/02/2024	6 Payee name Lawton Reprographic Center	
7 Amount (\$) \$1,880.39 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 14305 Inwood Road Dallas, TX 75244	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct mail services - annual solicitation for committee
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held