#### 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) 00089134 3 COMMITTEE NAME **OFFICE USE ONLY** Organize to Win PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 667238 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77266 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Moritz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 710 Hawthorne St. STREET **ADDRESS** Unit A (Residence or Business) Houston, TX 77006 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 710 Hawthorne St. MAILING **ADDRESS** Unit A Houston, TX 77006 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 391-8468 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 χ Primary Runoff Other 03/03/2026 General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME				iler ID	(Ethics Commission Filers)
Organize to Win PAC			0	0089134	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
E CONTRIBUTION	1 TOTAL LINUTENIZE	DOLUTION CONTRIBUTIONS	(OTLIED THAN		
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS, IADE ELECTRONICALLY) qualifies for the higher itemization the	ÖR	\$	0.00
	2. TOTAL POLITICA			•	
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTE	EES OF LOANS)	\$	121.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	53,485.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED G PERIOD	AS OF THE LAST DAY	\$	26,384.48
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDIN REPORTING PERIOD	NG LOANS AS OF THE	\$	0.00
6 AFFIDAVIT					
			under penalty of perjury, nd includes all information ection Code.		
			Mr. Michael I		
			Signature of Campai	gn Treasu	rer
AFFIX NOTARY	/ STAMP / SEAL ABOVE				
Sworn to and subscribed	d before me, by the said		, this th	e	day
		which, witness my hand and seal			
Signature of officer ac	dministering oath	Printed name of officer administ	ering oath T	itle of offic	er administering oath

# **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			J V L I C	3 of 23
17 COMMITTI Organize	EE NAME to Win PAC	<b>18</b> Filer ID 00089134	(Ethics Co	mmission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	121.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
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	\$	53,485.16
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			<b>I</b>	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/23	
2	FILER NAME Organize to	Win PAC		3	Filer ID (Ethics Commission 00089134	Filers)
4	Date 06/26/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$100.00
_	Daine in all a second	Houston, TX 77098	10. 5			
8	N/A	pation / Job title (See Instructions)	Employer (See Instructions     Not Employed	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Bergman, Eldo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77035 pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2025 Hardy, Keith  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		Houston, TX 77098				
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Noriega, Melissa Contributor address; City; State; Zip Code Houston, TX 77023			Amount of Contribution (\$)	\$6.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	)		

## 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 comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/19 Rpt: 5/23	Organize to Win PAC	00089134
4 Date	5 Payee name	·
01/28/2025	Amalgamated Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$118.18	275 7th Avenue	
Expenditure from		
corporate funds	New York, NY 10001	
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  Bank Fees
		Dalik Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Date	D	
02/26/2025	Payee name Amalgamated Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$48.25	275 7th Avenue	
Expenditure from corporate funds	New York, NY 10001	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	•	Office field
D-1-		
Date 03/27/2025	Payee name	
	Amalgamated Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$14.00	275 7th Avenue	
Expenditure from		
corporate funds	New York, NY 10001	
PURPOSE OF	, ,	Description To the state of the
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	-i	

## 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	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Fi	lers)
Sch: 2/19 Rpt: 6/23	Organize to Win PAC	00089134	
4 Date	5 Payee name	<u>'</u>	
04/25/2025	Amalgamated Bank		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$14.00	275 7th Avenue		
Expenditure from corporate funds	New York, NY 10001		
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  Bank Fees	
		Bunki ees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office so	lught Office held	
experiulture to benefit C/Or	1		
Date	Payee name		
05/29/2025	Amalgamated Bank		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$14.00	275 7th Avenue		
Expenditure from corporate funds	New York, NY 10001		
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	
		Bank Fees	
Complete ONLY if direct	Candidate/Officeholder name Office so	lught Office held	
expenditure to benefit C/OI			
Date	Para manua		
06/27/2025	Payee name Amalgamated Bank		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$14.00	275 7th Avenue		
Expenditure from corporate funds	Washington, NY 10001		
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.	
EXPENDITORE		Check if Austin, TX, officeholder living expense	
		Bank Fees	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held	
Experience to borront O/OI	•		

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 3/19 Rpt: 7/23	Organize to Win PAC	00089134
4 Date	5 Payee name	-
01/31/2025	Asher, Levi	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$1,000.00	PO Box 667238	
Expenditure from corporate funds	Houston, TX 77266	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Strategic Consulting
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
experience to believe of		
Date	Payee name	
02/26/2025	Asher, Levi	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$1,000.00	PO Box 667238	
Expenditure from corporate funds	Houston, TX 77266	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Strategic Consulting
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	<b>9</b>	onice neid
	Г	
Date	Payee name	
04/01/2025	Asher, Levi	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$1,000.00	PO Box 667238	
Expenditure from		
corporate funds	Houston, TX 77266	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Strategic Consulting
Complete CNI V if direct	Condidate/Officeholder name	office hold
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ht Office held

### 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: 4/19 Rpt: 8/23	Organize to Win PAC  Organize to Win PAC  O0089134
4 Date	5 Payee name
04/30/2025	Asher, Levi
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
8 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
	Strategic Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/30/2025	Choate, Evan
Amount (\$)	Payee address; City; State; Zip Code
\$1,382.90	PO Box 667238
Ψ1,302.30	1 O Box 007230
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Payroll
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/15/2025	Choate, Evan
Amount (\$)	Payee address; City; State; Zip Code PO Box 667238
\$2,093.69	PO BOX 007238
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Payroll
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 Commit

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	Il 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: 5/19 Rpt: 9/23	Organize to Win PAC 00089134
4 Date	5 Payee name
05/30/2025	Choate, Evan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,093.69	PO Box 667238
Expenditure from	
corporate funds	Houston, TX 77266
8 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  Payroll
	T dyfoli
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/13/2025	Payee name Choate, Evan
	·
Amount (\$)	Payee address; City; State; Zip Code
\$2,093.69	PO Box 667238
Expenditure from	
corporate funds	Houston, TX 77266
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Payroll
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/30/2025	Choate, Evan
Amount (\$) \$2,093.69	Payee address; City; State; Zip Code PO Box 667238
φ2,093.09	FO BOX 007230
Expenditure from	Houston TV 77900
corporate funds	Houston, TX 77266
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Payroll
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

## 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: 6/19 Rpt: 10/23	Organize to Win PAC	00089134
4 Date	5 Payee name	
05/02/2025	Google	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$54.41	1600 Amphitheatre Parkway	
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  Software
		Commaro
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
D-1-		
Date	Payee name	
06/02/2025	Google	
Amount (\$)	Payee address; City; State; Zip Code	
\$116.60	1600 Amphitheatre Parkway	
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	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software
		Software
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	•	Since Held
<u> </u>		
Date	Payee name	
02/05/2025	Gusto	
Amount (\$)	Payee address; City; State; Zip Code	
\$295.31	525 20th Street	
Expenditure from		
corporate funds	San Francisco, CA 94107	
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
		Payroll Fee
Complete CNII V if direct	Condidate/Officeholder name	Office hold
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 Salaries (Contract Labor

ense Travel in Di ense Travel Out ( ges/Contract Labor OTHER (en

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	•	3 Filer ID (Ethics Commission Filers)
Sch: 7/19 Rpt: 11/23	Organize to Win PAC	00089134
4 Date	5 Payee name	•
03/05/2025	Gusto	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$83.18	525 20th Street	
Expenditure from corporate funds	San Francisco, CA 94107	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payroll Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		ag Onioc ficia
Data	Davies marris	
Date 04/03/2025	Payee name Gusto	
Amount (\$)	Payee address; City; State; Zip C	ode
\$73.57	525 20th Street	
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
experience to beliefit 6/01	•	
Date	Payee name	
05/05/2025	Gusto	
Amount (\$)	Payee address; City; State; Zip C	ode
\$123.66	525 20th Street	
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
experientale to beliefft C/Of	•	

## 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 fo	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 8/19 Rpt: 12/23	Organize to Win PAC	00089134
4 Date	5 Payee name	
06/04/2025	Gusto	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$98.08	525 20th Street	
Expenditure from corporate funds	San Francisco, CA 94107	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
EXPENDITURE		ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
	Payrol	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Cinico ficia
Date	D	
01/31/2025	Payee name	
	Gusto	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,053.98	525 20th Street	
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
OF EXPENDITURE	Office Overhead/Rental Expense	ck if travel outside of Texas. Complete Schedule T.
	I 🗀	ck if Austin, TX, officeholder living expense
	Payroi	II Taxes
Organists ONII Wife discret	Overlights (Office banks are seen to	Office health
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
02/14/2025	Gusto	
Amount (\$)	Payee address; City; State; Zip Code	
\$840.98	525 20th Street	
- "		
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
OF	, , , , , , , , , , , , , , , , , , ,	ck if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Chec	ck if Austin, TX, officeholder living expense
	Payrol	II Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Н	

### SCHEDULE F1

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

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

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

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

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: 9/19 Rpt: 13/23	Organize to Win PAC 00089134	
4 Date	5 Payee name	
02/28/2025	Gusto	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$834.98	525 20th Street	
Expenditure from corporate funds	San Francisco, CA 94107	
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	
	Payroll Taxes	
	, sylvan radios	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Doto		=
Date 03/14/2025	Payee name Gusto	
Amount (\$)	Payee address; City; State; Zip Code	
\$785.48	525 20th Street	
Expenditure from		
corporate funds	San Francisco, CA 94107	
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 Payroll Taxes	
	1 dyron raxes	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	<b>y</b>	
		_
Date	Payee name	
04/01/2025	Gusto	
Amount (\$)	Payee address; City; State; Zip Code	
\$758.48	525 20th Street	
Expenditure from		
corporate funds	San Francisco, CA 94107	
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	
	Payroll Taxes	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

## SCHEDULE F1

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

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

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

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	omplet	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 10/19 Rpt: 14/23	Organize to Win PAC		00089134
4 Date	5 Payee name		
04/15/2025	Gusto		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$758.48	525 20th Street		
Expenditure from corporate funds	San Francisco, CA 94107		
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.
EXPENDITORE	·		Check if Austin, TX, officeholder living expense
			Payroll Taxes
O Companies ONLY if alice at	Oscalidate/Office helder a series		Office hald
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugnt	Office held
Date	Payee name		
04/30/2025	Gusto		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$987.82	525 20th Street		
Expenditure from			
corporate funds	San Francisco, CA 94107		
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
		'	Payroll Taxes
			,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
expenditure to benefit C/O	-1		
Date	Payee name		
05/15/2025	Gusto		
Amount (\$)	Payee address; City; State; Zip Ci	ode	
\$680.06	525 20th Street		
Expenditure from corporate funds	San Francisco, CA 94107		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF	Office Overhead/Rental Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		l i	Check if Austin, TX, officeholder living expense
			Payroll Taxes
			200
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
3. p 2			

## 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 duide explains now to complete this form:			
1	Total pages Schedule F1:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 11/19 Rpt: 15/23		Organize to Win PAC		00089134	

Sch: 11/19 Rpt: 15/23	Organize to Win PAC		00089134	
<b>4</b> Date 05/30/2025	5 Payee name Gusto			
6 Amount (\$) \$680.06	7 Payee address; City; State; Zip Co 525 20th Street	le		
Expenditure from corporate funds	San Francisco, CA 94107			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<u> </u>	utside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	yht	Office held	
Date 06/13/2025	Payee name Gusto			
Amount (\$) \$664.25	Payee address; City; State; Zip Co 525 20th Street	de		
Expenditure from corporate funds	San Francisco, CA 94107			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	ш	utside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ht	Office held	
Date 06/30/2025	Payee name Gusto			
Amount (\$) \$597.56	Payee address; City; State; Zip Co 525 20th Street	de		
Expenditure from corporate funds	San Francisco, CA 94107			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<u> </u>	utside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	jht	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 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	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/19 Rpt: 16/23	Organize to Win PAC	00089134
4 Date	5 Payee name	
01/17/2025	Katz Compliance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$850.00	PO Box 33079	
Expenditure from		
corporate funds	Washington, DC 20033	
8 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  Compliance Services
		Compilative Services
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI		
Date	Payee name	
01/21/2025	Katz Compliance	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 33079	
φ1,000.00	FO BOX 33079	
Expenditure from corporate funds	Washington, DC 20033	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Compliance Services
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	4	
Date	Payee name	
01/21/2025	Katz Compliance	
Amount (\$)	Payee address; City; State; Zip Code	
\$716.00	PO Box 33079	
Expenditure from corporate funds	Washington, DC 20033	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Compliance Convices
		Compliance Services
Commission ONII V if diment	Candidate/Officeholder name Office sough	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	t Office held

## SCHEDULE F1

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

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

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

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

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: 13/19 Rpt: 17/23	Organize to Win PAC 00089134
4 Date	5 Payee name
03/28/2025	Katz Compliance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$516.00	PO Box 33079
Expenditure from corporate funds	Washington, DC 20033
8 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  Compliance Services
	Compliance Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to serionic ere-	
Date	Payee name
04/24/2025	Katz Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	PO Box 33079
,	
Expenditure from corporate funds	Washington, DC 20033
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
	Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to bettern 6/01	<u>'</u>
Date	Payee name
06/11/2025	Katz Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$650.00	PO Box 33079
•	
Expenditure from corporate funds	Washington, DC 20033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Compliance Services
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 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: 14/19 Rpt: 18/23	Organize to Win PAC	00089134
4 Date	5 Payee name	<u> </u>
06/11/2025	Sandler Reiff Lamb Rosenstein & Birkenstock	
6 Amount (\$) \$1,885.00  Expenditure from corporate funds	7 Payee address; City; State; Zip Co 1620 I St NW Suite 900 Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Legal Services	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Legal Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sout	ght Office held
Date	Payee name	
01/31/2025	Sandor, David	
Amount (\$) \$2,274.52	Payee address; City; State; Zip Co PO Box 667238	de
Expenditure from corporate funds	Houston, TX 77266	
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  Payroll
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ght Office held
Date 02/14/2025	Payee name Sandor, David	
Amount (\$) \$1,932.77	Payee address; City; State; Zip Co PO Box 667238	de
Expenditure from corporate funds	Houston, TX 77266	
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  Payroll
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sout	ght Office held

### SCHEDULE F1

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

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

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

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

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: 15/19 Rpt: 19/23	Organize to Win PAC 00089134
4 Date	5 Payee name
02/28/2025	Sandor, David
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,932.77	PO Box 667238
Expenditure from	
corporate funds	Houston, TX 77266
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
	Payroll
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>-</del>
Date	Payee name
03/14/2025	Sandor, David
Amount (\$)	Payee address; City; State; Zip Code
\$1,932.77	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense  Payroll
	Fayton
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
04/01/2025	Sandor, David
Amount (\$)	Payee address; City; State; Zip Code
\$1,932.77	PO Box 667238
<del>+ -,</del>	
Expenditure from corporate funds	Houston, TX 77266
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
	Payroll Payroll
Operation Children	Our file to 10% as halden a series of the se
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 -

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)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/19 Rpt: 20/23	Organize to Win PAC 00089134
4 Date	5 Payee name
04/15/2025	Sandor, David
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,932.77	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
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  Payroll
	T dyron
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	<u> </u>
Date	Payee name
04/30/2025	Sandor, David
Amount (\$)	Payee address; City; State; Zip Code
\$1,595.24	PO Box 667238
Evnanditura from	
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to bettern eye	
Date	Payee name
02/28/2025	Sandor, David
Amount (\$)	Payee address; City; State; Zip Code
\$1,700.00	PO Box 667238
- 10.	
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Reimbursement
	Reinibulsement
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	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 Co

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	Il 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: 17/19 Rpt: 21/23	Organize to Win PAC 00089134
4 Date	5 Payee name
04/01/2025	Sandor, David
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
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  Reimbursement
	Rembursement
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
	Payee name
01/02/2025	Sandor, David
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 667238
Expenditure from	
corporate funds	Houston, TX 77266
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
	Strategic Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-4-	
Date	Payee name
01/02/2025	Sandor, David
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 667238
Expenditure from	
corporate funds	Houston, TX 77266
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  Strategic Consulting
	Strategic Consulting
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 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 Commiss	sion Filers)		
Sch: 18/19 Rpt: 22/23	Organize to Win PAC	00089134			
4 Date	5 Payee name	•			
01/16/2025	Sandor, David				
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е			
\$2,500.00	PO Box 667238				
Expenditure from corporate funds	Houston, TX 77266				
8 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.			
EXI ENDITORE		Check if Austin, TX, officeholder living expense			
		Strategic Consulting			
9 Complete ONLY if direct	Candidate/Officeholder name Office sour	ht Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		nt Office field			
Dete					
Date	Payee name				
05/12/2025	Slowpokes				
Amount (\$)	Payee address; City; State; Zip Cod	e			
\$87.52	6725 Stella Link Rd				
Expenditure from					
corporate funds	Houston, TX 77005				
PURPOSE OF	, , ,	b) Description			
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Meals			
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht Office held			
expenditure to benefit C/O	-1				
Date	Payee name				
02/28/2025	Texas Democratic Party				
Amount (\$)	Payee address; City; State; Zip Coo	e			
\$1,680.00	P.O. Box 15707				
+=,					
Expenditure from corporate funds	Austin, TX 78761				
PURPOSE		b) Description			
OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense			
		Event Tickets			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ht 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a categor The Instruction Guide explains how to complete this form.	ory not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Eth	ics Commission Filers)
Sch: 19/19 Rpt: 23/23		·
4 Date	5 Payee name	
06/04/2025	Victory Lab	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	5302 Lindsay St	
Expenditure from corporate funds	Houston, TX 77023	
8 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 S	
_/	Check if Austin, TX, officeholder living expen	se
	Strategic Consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	