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) 00084625 3 COMMITTEE NAME **OFFICE USE ONLY** Legacy 44 Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4001 Sinclair Ave. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78756 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Nicole NAME NICKNAME LAST **SUFFIX** Goitiandia STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4001 Sinclair Ave. STREET **ADDRESS** (Residence or Business) Austin, TX 78756 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 2581 MAILING **ADDRESS** Boise, ID 83701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** 2026421544 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 05/03/2025 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 ID | (Ethics Commission Filers) |
|---|--|--|-----------------|----------------------------|
| Legacy 44 | | | 00084625 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Sukh Kaur San Antonio City Co | ouncil D1 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICAL (OTHER THAN PLE | IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 150,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPENDITURES | \$ | 35.47 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 39,556.03 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 331,525.88 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | • | | • | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code. | | |
| | | Nicole G | oitiandia | |
| | | Signature of Can | npaign Treasu | ırer |
| AFFIX NOTARY | / STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | d before me, by the said | , th | is the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer ad | dministering oath | Printed name of officer administering oath | Title of office | cer administering oath |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

| | | | | | Page 3 of 17 |
|---|--|--------------|-------------------------------|--------------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Legacy 44 | | | | 00084625 | |
| ACTIVITY (I | Candidates dentify by name or, if pplicable, classify by party.) | | Sakib Shaikh San Antonio City | y Council D8 | |
| paper to complete this report if necessary.) | | B. Opposed | | | |
| (I) | P. Measures Describe by date and ocation of election and ature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| (1) | Officeholders Assisted dentify by name or, if pplicable, classify by party.) | | | | |
| ACTIVITY (I | Candidates dentify by name or, if pplicable, classify by party.) | A. Supported | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | Ivalis Meza Gonzalez San An | itonio City Counc | il D8 |
| (I) | P. Measures Describe by date and ocation of election and ature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| (1) | Officeholders Assisted dentify by name or, if pplicable, classify by party.) | | | | |
| ACTIVITY (1 | Candidates dentify by name or, if pplicable, classify by party.) | | Kelly Ann Gonzalez San Antoi | nio City Council I | D6 |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| (I) | P. Measures Describe by date and ocation of election and ature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| (1) | B. Officeholders Assisted dentify by name or, if pplicable, classify by party.) | | | | |
| Į a | pplicable, classify by party.) | | | | |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | | 4 of 17 |
|--------------|---------|--|--------------|------------|------------------|
| 17 CO | MMITTE | EE NAME | 18 Filer ID | (Ethics Co | mmission Filers) |
| Lec | gacy 44 | 1 | 00084625 | • | , |
| | | E SUBTOTALS | | | |
| l | | SCHEDULE | | SUBT | OTAL AMOUNT |
| | | | | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 50,000.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | X | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | PR | \$ | 100,000.00 |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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: | 6 | \$ | 39,556.03 |
| 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. | Х | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | 681.05 |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | | | | |

| The Instruction Guide explains now to complete this form. 2 FILER NAME Legacy 44 4 Date 01/08/2025 Walton, Jim 6 Contributor address; City; State; Zip Code Fayetteville, AR 72701 | SCHEDULE A1 |
|--|--|
| Legacy 44 4 Date | Total pages Schedule A1: Sch: 1/1 Rpt: 5/17 |
| 01/08/2025 Walton, Jim 6 Contributor address; City; State; Zip Code Fayetteville, AR 72701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | Filer ID (Ethics Commission Filers) |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | Amount of Contribution (\$) \$50,000.00 |
| Chairman/CEO Arvest Bank Group Inc. | |
| | |
| | |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

| | The Instru | cti | on Guide explains how to complete this form. | 1 | Total pages Schedule C1: Sch: 1/1 Rpt: 6/17 |
|---|------------|-----|---|---|--|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| | Legacy 44 | | | | 00084625 |
| 4 | Date | 5 | Corporation / Labor Organization name | 7 | Amount of contribution (\$) |
| | 04/29/2025 | | Education Reform Now Advocacy Inc. | | \$100,000.00 |
| | | 6 | Corporation / Labor Organization address; City; State; Zip Code | | |
| | | | New York City, NY 10001 | | |

SCHEDULE F1

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

Event Expense Fees Foot/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Credit Card Payment | The Instruction Guide explains how to d | complete this form. |
|------------------------------------|--|--|
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/6 Rpt: 7/17 | Legacy 44 | 00084625 |
| 4 Date | 5 Payee name | · |
| 04/25/2025 | AMM Political Strategies | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | Code |
| \$4,149.00 | 507 N Sylvania Ave | |
| Expenditure from | | |
| corporate funds | Fort Worth, TX 76111 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Phone Call Services |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office so | ught Office held |
| expenditure to benefit C/OI | H Shaikh, Sakib City Co | uncil Place San Antonio |
| Date | Payee name | |
| 04/25/2025 | AMM Political Strategies | |
| Amount (\$) | Payee address; City; State; Zip C | Code |
| \$4,514.00 | 507 N Sylvania Ave | |
| · | | |
| X Expenditure from corporate funds | Fort Worth, TX 76111 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Phone Call Services |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office so | ought Office held |
| expenditure to benefit C/OI | H Kaur, Sukh City Co | uncil Place San Antonio |
| Date | Payee name | |
| 05/02/2025 | AMM Political Strategies | |
| Amount (\$) | Payee address; City; State; Zip C | Code |
| \$532.35 | 507 N Sylvania Ave | |
| - Evpanditure from | | |
| X Expenditure from corporate funds | Fort Worth, TX 76111 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Texting Services |
| | | Toking dervices |
| Complete ONLY if direct | Candidate/Officeholder name Office so | Upught Office held |
| expenditure to benefit C/OI | | uncil Place San Antonio |
| | | |
| | | |
| | | |

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

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

| Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | enter a category not listed above) |
|---|--|------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | (Ethics Commission Filers) |
| Sch: 2/6 Rpt: 8/17 | Legacy 44 000846 | |
| 4 Date | 5 Payee name | |
| | (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Check if travel outside of Texas | |
| | | or living expense |
| 9 Complete ONLY if direct | | ice held |
| expenditure to benefit C/OI | Meza Gonzalez , Ivalis | |
| Date | Payee name | |
| 05/02/2025 | AMM Political Strategies | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$544.04 | | |
| Expenditure from corporate funds | Fort Worth, TX 76111 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas | |
| LAFLINDITONE | Check if Austin, TX, officeholde | |
| | General GOTV Phone C | Calls |
| Commists ONII V if direct | Office cought | ice held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ice heid |
| Date | Payee name | |
| 06/06/2025 | AMM Political Strategies | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$2,356.17 | 507 N Sylvania Ave | |
| X Expenditure from corporate funds | Fort Worth, TX 76111 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Advertising Expense | · |
| | Check if Austin, TX, officeholds Phone Call & Texting So | |
| | Thome dank rozung o | ervices |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Offi | ice held |
| expenditure to benefit C/O | | ice ficia |
| | | |
| | | |
| | | |

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 Travel in District

| Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/6 Rpt: 9/17 | Legacy 44 00084625 |
| 4 Date | 5 Payee name |
| 05/12/2025 | AT Morgan Enterprises LLC |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$450.00 | 264 Parkside Meadow Drive |
| | |
| X Expenditure from corporate funds | Marietta, GA 30064 |
| 8 PURPOSE | · · · · · · · · · · · · · · · · · · · |
| OF | (a) Category (See Categories listed at the top of this schedule) Consulting Expanse (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 |
| | Organizational Development Consulting Services |
| | J. Santa and J. Sa |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| experience to believe eye | |
| Date | Payee name |
| 06/16/2025 | Center for Strong Public Schools Action Fund |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | 5200 Dallas Hwy |
| | Suite 200-238 |
| X Expenditure from | |
| corporate funds | Powder Springs, GA 30127 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| _/ | Candidate/Officeholder/Political Committee |
| | Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | n |
| Date | Payee name |
| 06/23/2025 | Center for Strong Public Schools Action Fund |
| | |
| Amount (\$) | |
| \$10,000.00 | 5200 Dallas Hwy |
| Expenditure from | Suite 200-238 |
| corporate funds | Powder Springs , GA 30127 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 Travel in District

| 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: 4/6 Rpt: 10/17 | Legacy 44 00084625 |
| • | |
| 4 Date | 5 Payee name |
| 04/23/2025 | SignalFlow |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$225.00 | 21 West 47th Street |
| - " | Ste 50E |
| Expenditure from corporate funds | New York, NY 10036 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Advertising Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Domain & Web Hosting Services |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 02/04/2025 | Texas Democratic Women |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | PO Box 301411 |
| | |
| Expenditure from | Austin, TX 78703 |
| corporate funds | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | o |
| D-1- | |
| Date | Payee name |
| 02/14/2025 | Texas House Democratic Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5,000.00 | PO Box 1925 |
| Expenditure from | |
| corporate funds | Austin, TX 78767 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| EAFEINDITURE | Candidate/Officeholder/Political Committee |
| | Contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiulture to benefit C/OI | 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

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

| 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: 5/6 Rpt: 11/17 | Legacy 44 00084625 |
| 4 Date | 5 Payee name |
| 01/08/2025 | Zintzo Consulting Co. |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | PO Box 2581 |
| Expenditure from | |
| x corporate funds | Boise, ID 83701 |
| 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 |
| | Compliance Services |
| | Compliance Services |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 02/07/2025 | Zintzo Consulting Co. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | PO Box 2581 |
| | |
| X Expenditure from corporate funds | Boise, ID 83701 |
| 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 |
| | Compliance Services |
| | Compliance convices |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 03/07/2025 | Zintzo Consulting Co. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | PO Box 2581 |
| ¥=,***** | |
| X Expenditure from corporate funds | Boise, ID 83701 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Consulting Expense |
| | Compliance Services |
| | Compliance Services |
| 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 Committe

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 6/6 Rpt: 12/17 | Legacy 44 00084625 |
| 4 Date | 5 Payee name |
| 04/01/2025 | Zintzo Consulting Co. |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | PO Box 2581 |
| Expenditure from corporate funds | Boise, ID 83701 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| _// | Candidate/Officeholder/Political Committee |
| | Compliance Services |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/01/2025 | Zintzo Consulting Co. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | PO Box 2581 |
| | |
| X Expenditure from corporate funds | Boise, ID 83701 |
| 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. Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Compliance Services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiditure to benefit C/Or | |
| Date | Payee name |
| 06/02/2025 | Zintzo Consulting Co. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,250.00 | PO Box 2581 |
| | |
| X Expenditure from corporate funds | Boise, ID 83701 |
| 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 |
| | Compliance Services |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experience to belief 6/01 | |
| | |
| | |

| | <u> </u> | | |
|--|---|-----------------|--|
| Total pages Schedule I: Sch: 1/5 Rpt: | 2 FILER NAME Legacy 44 | | 3 Filer ID (Ethics Commission Filers) 00084625 |
| Date | 5 Payee name | | • |
| 01/28/2025 | Amalgamated Bank | | |
| Amount (\$) | 7 Payee Address; City; State; Zip | | |
| 14.00 | 1565 K St NW | | |
| Expenditure from corporate funds | Washington , DC 20016 | | |
| PURPOSE | | (b) Description | (See instructions regarding type of information required.) |
| OF EXPENDITURE | Accounting/Banking | Bank Fees | |
| Date | Payee name | | |
| 02/26/2025 | Amalgamated Bank | | |
| Amount (\$) | Payee Address; City; State; Zip | <u> </u> | |
| 14.00 Expenditure from | 1565 K St NW | | |
| corporate funds | Washington , DC 20016 | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | • | (See instructions regarding type of information required. |
| OF EXPENDITURE | Accounting/Banking | Bank Fees | |
| Date | Payee name | | |
| 03/27/2025 | Amalgamated Bank | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 14.00 | 1565 K St NW | | |
| Expenditure from corporate funds | Washington , DC 20016 | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description | (See instructions regarding type of information required.) |
| OF EXPENDITURE | Accounting/Banking | Bank Fees | |
| Date | Payee name | | |
| 04/25/2025 | Amalgamated Bank | | |
| Amount (\$) 14.00 | Payee Address; City; State; Zip 1565 K St NW | | |
| Expenditure from corporate funds | Washington , DC 20016 | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description | (See instructions regarding type of information required. |
| OF EXPENDITURE | Accounting/Banking | Bank Fees | |

| Total marine Cabadula II | 2 FILED NAME | | 2 Files ID (File 0 : : File |
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| Total pages Schedule I: Sch: 2/5 Rpt: | 2 FILER NAME Legacy 44 | | 3 Filer ID (Ethics Commission Filers 00084625 |
| Date | 5 Payee name | 5 Payee name | |
| 05/29/2025 | Amalgamated Bank | | |
| Amount (\$) | 7 Payee Address; City; State; Zip | | |
| 35.50 | 1565 K St NW | | |
| Expenditure from corporate funds | Washington , DC 20016 | | |
| PURPOSE | | (b) Description | (See instructions regarding type of information required |
| OF EXPENDITURE | Accounting/Banking | Bank Fees | |
| | | | |
| Date | Payee name | | |
| 06/27/2025 | Amalgamated Bank | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 14.75 | 1565 K St NW | | |
| Expenditure from | Washington DC 20016 | | |
| corporate funds | Washington , DC 20016 | (b) Description | (See instructions regarding time of information required |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | Bank Fees | (See instructions regarding type of information required. |
| EXPENDITURE | , toosanang | Bankrees | |
| | | | |
| Date | Payee name | | |
| 01/28/2025 | Amalgamated Bank | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 40.25 | 1565 K St NW | | |
| Expenditure from | Washington DO 2004C | | |
| corporate funds | Washington , DC 20016 | (1-) | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description Bank Fees | (See instructions regarding type of information required |
| EXPENDITURE | , toooanang, banang | Bank i ees | |
| | | | |
| Date | Payee name | | |
| 02/26/2025 | Amalgamated Bank | | |
| Amount (\$) | Payee Address; City; State; Zip | | |
| 56.00 | 1565 K St NW | | |
| Expenditure from | W. J | | |
| corporate funds | Washington , DC 20016 | a > | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | · · | (See instructions regarding type of information required. |
| EXPENDITURE | Accounting/Danking | Bank Fees | |
| | | | |
| | | | |

| The Instruction Guide explains how to complete this form. | | | | |
|---|--|--|--|--|
| Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 3/5 Rpt: | Legacy 44 | 00084625 | | |
| 4 Date | 5 Payee name | | | |
| 03/27/2025 | Amalgamated Bank | | | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | | | |
| 58.00 | 1565 K St NW | | | |
| Expenditure from corporate funds | Washington , DC 20016 | | | |
| 8 PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description | (See instructions regarding type of information required.) | | |
| OF EXPENDITURE | Accounting/Banking Bank Fee | S | | |
| | | | | |
| Date | Payee name | | | |
| 04/25/2025 | Amalgamated Bank | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | |
| 40.00 | 1565 K St NW | | | |
| Expenditure from | | | | |
| corporate funds | Washington , DC 20016 | | | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking Bank Fee | | | |
| EXPENDITURE | Accounting/Banking Bank Fee | 5 | | |
| | | | | |
| Date | Payee name | | | |
| 05/29/2025 | Amalgamated Bank | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | |
| 45.50 | 1565 K St NW | | | |
| Expenditure from | Westington DO 20010 | | | |
| corporate funds | Washington , DC 20016 | (2 ' | | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fee | | | |
| EXPENDITURE | Accounting/Danking | 5 | | |
| | | | | |
| Date | Payee name | | | |
| 06/27/2025 | Amalgamated Bank | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | |
| 40.00 | 1565 K St NW | | | |
| Expenditure from | | | | |
| corporate funds | Washington , DC 20016 | | | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking Bank Fee | | | |
| EXPENDITURE | Accounting/Banking Bank Fee | 5 | | |
| | | | | |
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| | | complete this form. |
|--|--|---|
| Total pages Schedule I: Sch: 4/5 Rpt: | 2 FILER NAME Legacy 44 | 3 Filer ID (Ethics Commission Filers) 00084625 |
| Date 01/08/2025 | 5 Payee name Intuit | · |
| Amount (\$) 35.00 Expenditure from corporate funds | 7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.) Software Subscription |
| Date | Payee name | |
| 01/29/2025 | Intuit Payee Address; City; State; Zip | |
| Amount (\$) 35.00 | Payee Address; City; State; Zip 2700 Coast Ave | |
| Expenditure from corporate funds | Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.) Software Subscription |
| Date | Payee name | |
| 02/10/2025 | Intuit | |
| Amount (\$) 37.31 | Payee Address; City; State; Zip 2700 Coast Ave | |
| Expenditure from corporate funds | Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.) Software Subscription |
| Date 03/10/2025 | Payee name Intuit | |
| Amount (\$) 37.31 | Payee Address; City; State; Zip 2700 Coast Ave | |
| Expenditure from corporate funds | Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.) Software Subscription |

| | The Instruction Guide explains how to | complete this form. |
|--|--|--|
| Total pages Schedule I: Sch: 5/5 Rpt: | 2 FILER NAME Legacy 44 | 3 Filer ID (Ethics Commission Filers) 00084625 |
| Date 04/08/2025 | 5 Payee name Intuit | |
| Amount (\$) 37.31 Expenditure from corporate funds | 7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.) Software Subscription |
| Date | Payee name | |
| 05/08/2025 Amount (\$) 37.31 | Intuit Payee Address; City; State; Zip 2700 Coast Ave | |
| Expenditure from corporate funds | Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required. Software Subscription |
| Date | Payee name | |
| 06/09/2025 | Intuit | |
| Amount (\$) 37.31 | Payee Address; City; State; Zip 2700 Coast Ave | |
| Expenditure from corporate funds | Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required. Software Subscription |
| Date 01/29/2025 | Payee name Intuit | |
| Amount (\$) 38.50 | Payee Address; City; State; Zip 2700 Coast Ave | |
| Expenditure from corporate funds | Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.) IRS Form Filing Fees |