

# 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) 00084625	2 Total pages filed: 17
3 COMMITTEE NAME Legacy 44			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 4001 Sinclair Ave.  Austin, TX 78756		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Nicole NICKNAME LAST SUFFIX Goitiandia		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4001 Sinclair Ave.  Austin, TX 78756		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2581  Boise, ID 83701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 2026421544		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input 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 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year 05/03/2025	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

<b>12 COMMITTEE NAME</b> Legacy 44		<b>13 Filer ID</b> (Ethics Commission Filers) 00084625
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Sukh Kaur San Antonio City Council D1
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150,000.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 35.47
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 39,556.03
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 331,525.88
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Nicole Goitiandia

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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 3 of 17

<b>12 COMMITTEE NAME</b> Legacy 44		<b>13 Filer ID</b> (Ethics Commission Filers) 00084625
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Sakib Shaikh    San Antonio City Council D8
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
B. Opposed    Ivalis Meza Gonzalez    San Antonio City Council D8		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)		<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
	B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
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<b>17 COMMITTEE NAME</b> Legacy 44		<b>18 Filer ID</b> (Ethics Commission Filers) 00084625
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 100,000.00
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	\$ 39,556.03
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 681.05
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 5/17
<b>2</b> FILER NAME Legacy 44		<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 01/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Jim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fayetteville , AR 72701	<b>7</b> Amount of Contribution (\$)  \$50,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Chairman/CEO		<b>9</b> Employer (See Instructions) Arvest Bank Group Inc.

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule C1:  
Sch: 1/1 Rpt: 6/17

**2** FILER NAME  
Legacy 44

**3** Filer ID (Ethics Commission Filers)  
00084625

**4** Date  
04/29/2025

**5** Corporation / Labor Organization name  
Education Reform Now Advocacy Inc.

**7** Amount of contribution (\$)  
\$100,000.00

**6** Corporation / Labor Organization address; City; State; Zip Code

New York City, NY 10001

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/6 Rpt: 7/17	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 04/25/2025	<b>5</b> Payee name AMM Political Strategies	
<b>6</b> Amount (\$) \$4,149.00	<b>7</b> Payee address; City; State; Zip Code 507 N Sylvania Ave Fort Worth, TX 76111	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Phone Call Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Shaikh, Sakib	Office sought City Council Place San Antonio
Date 04/25/2025	Payee name AMM Political Strategies	
Amount (\$) \$4,514.00	Payee address; City; State; Zip Code 507 N Sylvania Ave Fort Worth, TX 76111	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Phone Call Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Kaur, Sukh	Office sought City Council Place San Antonio
Date 05/02/2025	Payee name AMM Political Strategies	
Amount (\$) \$532.35	Payee address; City; State; Zip Code 507 N Sylvania Ave Fort Worth, TX 76111	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Texting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Shaikh, Sakib	Office sought City Council Place San Antonio

# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 8/17	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date	<b>5</b> Payee name (see previous)	
<b>6</b> Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Meza Gonzalez , Ivalis	Office sought Office held
Date 05/02/2025	Payee name AMM Political Strategies	
Amount (\$) \$544.04  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 507 N Sylvania Ave  Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 General GOTV Phone Calls
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2025	Payee name AMM Political Strategies	
Amount (\$) \$2,356.17  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 507 N Sylvania Ave  Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Phone Call & Texting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gonzalez, Kelly Ann	Office sought City Council Place San Antonio Office held



# 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.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 9/17	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 05/12/2025	<b>5</b> Payee name AT Morgan Enterprises LLC	
<b>6</b> Amount (\$) \$450.00	<b>7</b> Payee address; City; State; Zip Code 264 Parkside Meadow Drive  Marietta, GA 30064	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Organizational Development Consulting Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2025	Payee name Center for Strong Public Schools Action Fund	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 5200 Dallas Hwy Suite 200-238 Powder Springs, GA 30127	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2025	Payee name Center for Strong Public Schools Action Fund	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 5200 Dallas Hwy Suite 200-238 Powder Springs, GA 30127	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 4/6 Rpt: 10/17	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 04/23/2025	<b>5</b> Payee name SignalFlow	
<b>6</b> Amount (\$) \$225.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 21 West 47th Street Ste 50E New York, NY 10036	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain & Web Hosting Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2025	Payee name Texas Democratic Women	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 301411  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2025	Payee name Texas House Democratic Campaign	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1925  Austin, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 11/17	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 01/08/2025	<b>5</b> Payee name Zintzo Consulting Co.	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 2581  Boise, ID 83701	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Zintzo Consulting Co.		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2581  Boise, ID 83701	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Zintzo Consulting Co.		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2581  Boise, ID 83701	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/5 Rpt:	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 01/28/2025	<b>5</b> Payee name Amalgamated Bank	
<b>6</b> Amount (\$) 14.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1565 K St NW Washington , DC 20016	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 02/26/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1565 K St NW Washington , DC 20016	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 03/27/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1565 K St NW Washington , DC 20016	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 04/25/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1565 K St NW Washington , DC 20016	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/5 Rpt:	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 05/29/2025	<b>5</b> Payee name Amalgamated Bank	
<b>6</b> Amount (\$)  35.50 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1565 K St NW  Washington , DC 20016	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 06/27/2025	Payee name Amalgamated Bank	
Amount (\$)  14.75 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1565 K St NW  Washington , DC 20016	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 01/28/2025	Payee name Amalgamated Bank	
Amount (\$)  40.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1565 K St NW  Washington , DC 20016	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 02/26/2025	Payee name Amalgamated Bank	
Amount (\$)  56.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1565 K St NW  Washington , DC 20016	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/5 Rpt:	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 03/27/2025	<b>5</b> Payee name Amalgamated Bank	
<b>6</b> Amount (\$) 58.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1565 K St NW Washington , DC 20016	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 04/25/2025	Payee name Amalgamated Bank	
Amount (\$) 40.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1565 K St NW Washington , DC 20016	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 05/29/2025	Payee name Amalgamated Bank	
Amount (\$) 45.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1565 K St NW Washington , DC 20016	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 06/27/2025	Payee name Amalgamated Bank	
Amount (\$) 40.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1565 K St NW Washington , DC 20016	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 4/5 Rpt:	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 01/08/2025	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) 35.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription
Date 01/29/2025	Payee name Intuit	
Amount (\$) 35.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription
Date 02/10/2025	Payee name Intuit	
Amount (\$) 37.31 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription
Date 03/10/2025	Payee name Intuit	
Amount (\$) 37.31 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 5/5 Rpt:	<b>2</b> FILER NAME Legacy 44	<b>3</b> Filer ID (Ethics Commission Filers) 00084625
<b>4</b> Date 04/08/2025	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) 37.31 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription
Date 05/08/2025	Payee name Intuit	
Amount (\$) 37.31 <input checked="" type="checkbox"/> Expenditure from corporate funds	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 06/09/2025	Payee name Intuit	
Amount (\$) 37.31 <input checked="" type="checkbox"/> Expenditure from corporate funds	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 01/29/2025	Payee name Intuit	
Amount (\$) 38.50 <input checked="" type="checkbox"/> Expenditure from corporate funds	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.) IRS Form Filing Fees