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) 00088748 3 COMMITTEE NAME **OFFICE USE ONLY** The Molly Ivins Project, LLC PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 836872 Date Hand-delivered or Date Postmarked Change of Address Richardson, TX 75083 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Michael NAME NICKNAME LAST **SUFFIX** Rawlins STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 318 Northview Drive STREET **ADDRESS** (Residence or Business) Richardson, TX 75080 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 318 Northview Drive MAILING **ADDRESS** Richardson, TX 75080 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 783-0962 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 Primary Runoff Other 11/03/2026 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|-----------------|----------------------------|
| The Molly Ivins Project | , LLC PAC | | 00088748 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (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 | | |
| | | | | |
| | 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 POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 71.76 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 1,000.86 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 147.80 |
| OUTSTANDING LOAN TOTALS | • | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 2,153.00 |
| 16 AFFIDAVIT | • | | <u> </u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code. | | |
| | | Michael | l Rawlins | |
| | | Signature of Car | mpaign Treasu | ırer |
| AFFIX NOTARY | / STAMP / SEAL ABOVE | | | |
| | | , th | nis the | day |
| of | _, 20, to certify | which, witness my hand and seal of office. | | |
| Signature of officer ac | dministering oath | Printed name of officer administering oath | Title of office | cer administering oath |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | 3 of 16 |
|--------------|--------|--|--------------|----------------------------|
| 17 CO | MMITTE | EE NAME | 18 Filer ID | (Ethics Commission Filers) |
| The | Molly | Ivins Project, LLC PAC | 00088748 | |
| | | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. | Х | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 71.76 |
| 3. | | | \$ | |
| 4. | | PR | \$ | |
| 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 O | ORGANIZATION | \$ |
| 9. | Х | SCHEDULE E: LOANS | | \$ 421.00 |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ 355.18 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 13. | Х | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 645.68 |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ |
| | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instru | action Guide explains how to complete this f | orm. | 1 Total pages Schedule A2: Sch: 1/2 Rpt: 4/16 | | | |
|-------------------|---|----------------------------|---|--|--|--|
| 2 FILER NAME | <u> </u> | | 3 Filer ID (Ethics Commission Filers) | | | |
| The Molly Iv | rins Project, LLC PAC | | 00088748 | | | |
| 4 TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | | | |
| 5 Date | 6 Full name of contributor out-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution | | | |
| 01/24/2025 | Treider, Diane | | contribution (\$) description \$11.96 Digital subscription to | | | |
| | 7 Contributor address; City; State; Zip Code | | Houston Chronicle | | | |
| | | | i i i i i i i i i i i i i i i i i i i | | | |
| | | | | | | |
| | Dallas, TX 75248 | 1 | Check if travel outside of Texas. Complete Schedule T. | | | |
| • | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | • | | | |
| Legal Assis | | Gary P Krupken, A | attorney | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | | |
| | | | | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) | | | |
| | | | | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| | | | | | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of ! In-kind contribution | | | |
| 02/24/2025 | Treider, Diane | | contribution (\$) description | | | |
| | Contributor address; City; State; Zip Code | | \$11.96 Digital subscription to | | | |
| | | | Houston Chronicle | | | |
| | | | i | | | |
| | Dallas, TX 75248 | | Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occi | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | I-JUDICIAL) (See instructions) | | | |
| Legal Assis | tant | Gary P Krupken, A | attorney | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | (FOR JUDICIAL) (See instructions) | | | |
| | | | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) | | | |
| | | | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | 1 | Amount of ! In-kind contribution | | | |
| 03/24/2025 | Treider, Diane | | contribution (\$) description | | | |
| | Contributor address; City; State; Zip Code | | \$11.96 Digital subscription to | | | |
| | | | Houston Chronicle | | | |
| | | | l i | | | |
| | Dallas, TX 75248 | | Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occi | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | | | | |
| Legal Assis | tant | Gary P Krupken, A | attorney | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | | | | |
| | | | , | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) | | | |
| | , | | , | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | 1 | | | | |
| | | | | | | |
| | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 5/16 | | | | |
|-------------------|---|--|--|--|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| The Molly Iv | rins Project, LLC PAC | | 00088748 | | | | |
| 4 TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | SUTIONS | \$ | | | | |
| 5 Date | 6 Full name of contributor out-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution | | | | |
| 04/24/2025 | Treider, Diane | | contribution (\$) description | | | | |
| | 7 Contributor address; City; State; Zip Code | | \$11.96 Digital subscription to Houston Chronicle | | | | |
| | | | | | | | |
| | | | | | | | |
| | Dallas, TX 75248 | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| 10 Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | I-JUDICIAL) (See instructions) | | | | |
| Legal Assist | tant | Gary P Krupken, A | attorney | | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | | | |
| | | | | | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) | | | | |
| | | | | | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | • | | | | | |
| | | | | | | | |
| Date | Full name of contributor Out-of-state PAC (ID#: | 1 | Amount of ! In-kind contribution | | | | |
| 05/24/2025 | Treider, Diane | | contribution (\$) description | | | | |
| | Contributor address; City; State; Zip Code | | \$11.96 Digital subscription to | | | | |
| | Contributor dudresse, City, Clate, Elp Code | | Houston Chronicle | | | | |
| | | | | | | | |
| | Dallas, TX 75248 | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON-JUDICIAL) (See instructions) | | | | | |
| Legal Assist | ant | Gary P Krupken, A | attorney | | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | job title (FOR JUDICIAL) (See instructions) | | | | |
| | | | | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) | | | | |
| | | | | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |
| | | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | \ | Amount of ! In-kind contribution | | | | |
| 06/24/2025 | Treider, Diane |) | contribution (\$) description | | | | |
| 00/2 1/2020 | Contributor address; City; State; Zip Code | | \$11.96 Digital subscription to | | | | |
| | Contributor address, City, State, Zip Code | | Houston Chronicle | | | | |
| | | | | | | | |
| | Dallas, TX 75248 | | I Check if travel outside of Texas. Complete Schedule T. | | | | |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | | | | | |
| Legal Assist | tant | Gary P Krupken, A | ttorney | | | | |
| | principal occupation (FOR JUDICIAL) | Contributor's job title | | | | | |
| | , | , | , | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contribute | or's spouse (if any) (FOR JUDICIAL) | | | | |
| | | | | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | <u> </u> | | | | | |
| | ., | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | LOANS | | | | SCHEDULE E | | |
|----|------------------------------------|--|------------------------------------|----------------------------------|--|--|--|
| | The Instruction | on Guide explains how to complete this f | orm. | ages Schedule E: /2 Rpt: 6/16 | | | |
| 2 | FILER NAME The Molly Ivins I | Project, LLC PAC | | 3 Filer ID 000887 | (Ethics Commission Filers) | | |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | I | \$ | | |
| 5 | Date of loan 03/05/2025 | 7 Name of lender | C (ID#: |) | 9 Loan Amount (\$) \$200.00 | | |
| 6 | Is lender a financial institution? | 8 Lender address; City; State; | Zip Code | | 10 Interest Rate | | |
| | No | Richardson, TX 75080 | | | 11 Maturity Date | | |
| 12 | Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions None | 5) | | | |
| 14 | Description of Coll X None | ateral | 15 Check if personal funds we | ere deposited | l into political account (See Instructions) | | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | 19 Amount Guaranteed (\$) | | |
| | X not applicable | 18 Guarantor address; City; State; | Zip Code | | | | |
| 20 | Principal occupation | no | 21 Employer (See Instructions | s) | L | | |
| | Date of loan | Name of lender out-of-state PA | C (ID#: |) | Loan Amount (\$) | | |
| | 04/18/2025 | Rawlins, Michael C | | | \$96.00 | | |
| | Is lender a financial institution? | Lender address; City; State; | Zip Code | | Interest Rate | | |
| | No | Richardson, TX 75080 | | | Maturity Date | | |
| | Principal occupation | on / Job title (See Instructions) | Employer (See Instructions None | 5) | | | |
| | Description of Coll | ateral | Check if personal funds we | ere deposited | | | |
| | X None | | □ N/A | | (See Instructions) | | |
| | GUARANTOR INFORMATION | Name of guarantor | | | Amount Guaranteed (\$) | | |
| | X not applicable | Guarantor address; City; State; | Zip Code | | | | |
| | Principal occupation | on | Employer (See Instructions | s) | | | |
| | | | | | | | |

| | LOANS | | | | | | | SCHEDULE E | | |
|----|--------------------------------------|--|---------|-----------------|------------------------------------|--------|-------------------|---|--|--|
| | The Instruction | n Guide explains ho | w to co | omplete this f | form. | | | nges Schedule E: 2 Rpt: 7/16 | | |
| 2 | FILER NAME The Molly Ivins F | Project, LLC PAC | | | | 1 | iler ID 000887 | (Ethics Commission Filers) | | |
| 4 | TOTAL OF UN | ITEMIZED LOANS | | | | | \$ | | | |
| 5 | Date of loan 06/16/2025 | 7 Name of lender Rawlins, Michael C | | out-of-state PA | C (ID#: | #: | | | | |
| 6 | Is lender a financial institution? | 8 Lender address; | City; | State; | Zip Code | | | 10 Interest Rate | | |
| | No | Richardson, TX 7508 | 30 | | | | | 11 Maturity Date | | |
| 12 | Principal occupation | on / Job title (See Instruction | ns) | | 13 Employer (See Instructions None | s) | | | | |
| 14 | 14 Description of Collateral X None | | | | 15 Check if personal funds we | ere de | eposited | into political account (See Instructions) | | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | | | | 19 Amount Guaranteed (\$) | | |
| | X not applicable | 18 Guarantor address; | City; | State; | Zip Code | | | | | |
| 20 | Principal occupation | on | | | 21 Employer (See Instructions | 5) | | | | |
| | Date of loan | Name of lender | | out-of-state PA | C (ID#: | | | Loan Amount (\$) | | |
| | 05/06/2025 | Treider, Diane | | | | | | \$25.00 | | |
| | Is lender a financial institution? | Lender address; | City; | State; | Zip Code | | | Interest Rate | | |
| | No | Dallas, TX 75248 | | | | | | Maturity Date | | |
| | Principal occupation | on / Job title (See Instruction | ns) | | Employer (See Instructions) | | | | | |
| | Legal Assistant | | | | Gary P Krupken, Attorney | | | | | |
| | Description of Coll X None | ateral | | | Check if personal funds we | ere de | eposited | into political account (See Instructions) | | |
| | GUARANTOR INFORMATION | Name of guarantor | | | | | | Amount Guaranteed (\$) | | |
| | X not applicable | Guarantor address; | City; | State; | Zip Code | | | | | |
| | Principal occupation | on | | | Employer (See Instructions | s) | | | | |
| | | | | | | | | | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| Stouk Gala : dymoni | The Instruction Guide explains how to co | omplete this form. |
|---|---|--|
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/4 Rpt: 8/16 | The Molly Ivins Project, LLC PAC | 00088748 |
| 4 Date 05/02/2025 | 5 Payee name Bank of America | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | ode |
| \$96.00 | 100 North Tryon Street | |
| Expenditure from corporate funds | Charlotte, NC 28255 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sol | ught Office held |
| Date | Payee name | |
| 01/15/2025 | First National Bank of Omana | |
| Amount (\$) | Payee address; City; State; Zip C | ode |
| \$11.88 | BOX 3707 | |
| Expenditure from corporate funds | Omaha, NE 68103 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soil | ught Office held |
| Date | Payee name | |
| 03/11/2025 | First National Bank of Omana | |
| Amount (\$) \$153.41 | Payee address; City; State; Zip C BOX 3707 | ode |
| Expenditure from corporate funds | Omaha, NE 68103 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sol | ught Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|--|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/4 Rpt: 9/16 | The Molly Ivins Project, LLC PAC | | 00088748 |
| 4 Date | 5 Payee name | | |
| 04/28/2025 | First National Bank of Omana | | |
| 6 Amount (\$) | 7 Payee address; City; State | ; Zip Code | |
| \$11.88 | BOX 3707 | | |
| Expenditure from corporate funds | Omaha, NE 68103 | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this sol | | |
| EXPENDITURE | Credit Card Payment | <u> -</u> | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | | Credit card pa | * ' |
| | | · | |
| Complete ONLY if direct expenditure to benefit C/Ol | | Office sought | Office held |
| Date | Payee name | | |
| 05/27/2025 | First National Bank of Omana | | |
| Amount (\$) | Payee address; City; State | ; Zip Code | |
| \$11.88 | BOX 3707 | | |
| Expenditure from corporate funds | Omaha, NE 68103 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sci Credit Card Payment | Check if travel or | utside of Texas. Complete Schedule T. TX, officeholder living expense syment |
| Complete ONLY if direct expenditure to benefit C/O | | Office sought | Office held |
| Date 06/23/2025 | Payee name First National Bank of Omana | | |
| Amount (\$) | Payee address; City; State | ; Zip Code | |
| \$10.13 | BOX 3707 | | |
| Expenditure from corporate funds | Omaha, NE 68103 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this scl | | |
| OF EXPENDITURE | Credit Card Payment | | utside of Texas. Complete Schedule T. TX, officeholder living expense ayment |
| Complete ONLY if direct expenditure to benefit C/O | | Office sought | Office held |
| Forms provided by Toyas F | thice Commission www.othics | ototo ty uo | Version V4.1.0 f10d0fd9 |

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 | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/4 Rpt: 10/16 | The Molly Ivins Project, LLC PAC 00088748 |
| 4 Date | 5 Payee name |
| 01/31/2025 | Prosperity Bank |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$10.00 | 1301 North Mechanic |
| | |
| Expenditure from corporate funds | El Campo, TX 77437 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Account Service Fee |
| | Account Service Fee |
| Complete CNII V if direct | Candidate/Officeholder name Office sought Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| , | |
| Date | Payee name |
| 02/28/2025 | Prosperity Bank |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$10.00 | 1301 North Mechanic |
| | |
| Expenditure from corporate funds | El Campo, TX 77437 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Account Service Fee |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 03/31/2025 | Prosperity Bank |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$10.00 | 1301 North Mechanic |
| | |
| Expenditure from corporate funds | El Campo, TX 77437 |
| | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Account Service Fee |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

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/Officeholder/Politica Credit Card Payment | | |
|---|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| Sch: 4/4 Rpt: 11/16 | The Molly Ivins Project, LLC PAC 00088748 | |
| 4 Date | 5 Payee name | |
| 04/30/2025 | Prosperity Bank | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$10.00 | 1301 North Mechanic | |
| | | |
| Expenditure from corporate funds | El Campo, TX 77437 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Account Service Fee | |
| | Account Service Fee | |
| | | _ |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experialitate to bettern 6/61 | | |
| Date | Payee name | |
| 05/31/2025 | Prosperity Bank | |
| Amount (\$) | Payee address; City; State; Zip Code | _ |
| \$10.00 | 1301 North Mechanic | |
| 410.00 | 1001 North Moonalie | |
| Expenditure from | | |
| corporate funds | El Campo, TX 77437 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Account Service Fee | |
| | Account Service Fee | |
| | | _ |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experientare to serious eye. | | |
| Date | Payee name | |
| 06/30/2025 | Prosperity Bank | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$10.00 | 1301 North Mechanic | |
| , , , | | |
| Expenditure from corporate funds | El Campo, TX 77437 | |
| · | · · · · · · · · · · · · · · · · · · · | _ |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Account Service Fee | |
| | / locount Service 1 cc | |
| Complete CNII V if direct | Candidate/Officeholder name Office sought Office hold | _ |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| , | | |
| | | |
| | | |
| <u></u> | | _ |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

| | Candidate/Officeriolide//Folitica | 3 | | to complete thi | | TIER (enter a categor | y not listed at | oove) | |
|---|-----------------------------------|---|--------------------------------|--|----------------------|---------------------------------------|-----------------|--------------|--|
| Ļ | Tatalanana C.I. III Ti | | ruction Guide explains how | to complete thi | 3 101111. | la en es recent | | ing File (-) | |
| 1 | Total pages Schedule F4: | | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 1/5 Rpt: 12/16 | The Molly Ivins Pro | | | | 00088748 | | | |
| 4 | CREDIT CARD | Name of final | ncial institution | 5 TOTAL O | F UNITEMIZED | \$ | | | |
| | ISSUER | First National I | Bank of Omaha | | D TO A CREDIT | ٦ | | | |
| | | | | CARD | | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | redit Card Issuer | Paid | | | |
| | Expenditure from corporate funds | \$1.75 | 02/14/2025 | | | | | | |
| | corporate ranas | | | | | | | | |
| 7 | PAYEE | (a) Payee name | • | (b) Payee ad | dress; | City, | State, | Zip Code | |
| | | Electrical Bank | . (0 | BOX 3707 | | | | | |
| | | First National Bank | or Omana | | | | | | |
| | | | | Omaha, NE | 68103 | | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Description | on | | | | |
| | EXPENDITURE | (See Categories listed at the top Accounting/Banking | of this schedule) | Interest exp | oense | | | | |
| | X Political | 7 tooodinang/Banang | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | - | Office held | | | |
| e | xpenditure to benefit C/OH | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | redit Card Issuer | Paid | | | |
| | Expenditure from | \$10.13 | 01/24/2025 | | | | | | |
| | corporate funds | | | | | | | | |
| | PAYEE | (a) Payee name | <u> </u> | (b) Payee ad | dress; | City, | State, | Zip Code | |
| | | | | 100 S. Mill | Ave, Suite 160 | 0 | | | |
| | | GoDaddy | | | | | | | |
| | | | | Tempe, AZ | 85281 | | | | |
| | PURPOSE OF | (a) Category | | (b) Description | on | | | | |
| | EXPENDITURE | (See Categories listed at the top Advertising Expense | of this schedule) | Web hosting | | | | | |
| | X Political | Advertising Expense | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX, | officeholder living exp | ense | | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | • | Office held | | | |
| e | xpenditure to benefit C/OH | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | redit Card Issuer | Paid | | | |
| | Expenditure from | \$10.13 | 02/24/2025 | | | | | | |
| | corporate funds | ¥=0.=0 | | | | | | | |
| | PAYEE | (a) Payee name | l | (b) Payee ad | dress; | City, | State, | Zip Code | |
| | | | | 100 S. Mill | Ave, Suite 160 | 0 | | | |
| | | GoDaddy | | | | | | | |
| | | | | Tempe, AZ | 85281 | | | | |
| | PURPOSE OF | (a) Category | | (b) Description | on | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | Web hostin | g | | | | |
| | X Political | Advertising Expense | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder | · | e sought | <u> </u> | Office held | | | |
| e | xpenditure to benefit C/OH | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | |
|---|---|--------------------------------|------------------------------|---|--------------------------------|-----------|--------------|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commis | sion Filers) | | |
| Sch: 2/5 Rpt: 13/16 | The Molly Ivins Pro | ject, LLC PAC | | | 00088748 | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED ITURES ED TO A CREDIT | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | | | |
| Expenditure from corporate funds | \$29.00 | 02/25/2025 | | | | | | | |
| 7 PAYEE | (a) Payee name First National Bank | of Omana | (b) Payee at BOX 3707 | | City, | State, | Zip Code | | |
| | Omaha, NE 68103 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Accounting/Banking | of this schedule) | (b) Descripti Late fee | on | | | | | |
| Non-Political | | | | officeholder living exp | ense | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| expenditure to benefit C/OH | | - | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | | | |
| Expenditure from corporate funds | \$1.75 | 03/24/2025 | 5 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | First National Bank | of Omana | BOX 3707 | | | | | | |
| | | | Omaha, N | E 68103 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Accounting/Banking | of this schedule) | (b) Descripti Interest ex | | | | | | |
| X Political | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | c, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 0 | Credit Card Issue | r Paid | | | | |
| Expenditure from corporate funds | \$1.75 | 04/25/2025 | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | First National Bonk | of Omono | BOX 3707 | | | | | | |
| First National Bank of Omana | | | | | | | | | |
| | | | | Omaha, NE 68103 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Descripti | | | | | | |
| X Political | Accounting/Banking | | Interest ex | pense | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| The Instruction Guide explains how to complete this form. | | | | | | | | |
|---|--|--|--------------------------------|---|--|-------------------------|--------|----------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 3/5 Rpt: 14/16 | The Molly Ivins Pro | 00088748 | | | | | |
| 4 | CREDIT CARD ISSUER | Name of financial institution see previous | | EXPEN | OF UNITEMIZED IDITURES GED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Credit Card Issuer | Paid | | |
| | Expenditure from corporate funds | \$10.13 | 03/24/2025 | | | | | |
| 7 | PAYEE | (a) Payee name GoDaddy | | (b) Payee address; City, State, Zip Code 100 S. Mill Ave, Suite 1600 Tempe, AZ 85281 | | | | |
| Ļ | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | | (See Categories listed at the top Advertising Expense | of this schedule) | Web hos | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | • | Check if Austin, TX, officeholder liv | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| Ĕ | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Credit Card Issuer | Paid | | |
| | Expenditure from corporate funds | \$10.13 | 04/24/2025 | (c) Date(s) | , Great Gurd 1990er | T did | | |
| PAYEE | | (a) Payee name | I | (b) Payee | address; | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | 100 S. M | ill Ave, Suite 160 | 0 | | | |
| | | | | Tempe, A | AZ 85281 | | | |
| | | | (b) Description Web hosting | | | | | |
| | | X Political | | | | | | |
| ┡ | Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH | | | | Office held | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Credit Card Issuer | Paid | | |
| | Expenditure from corporate funds | \$10.13 | 05/24/2025 | | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code |
| | | GoDaddy | | 100 S. Mill Ave, Suite 1600 | | | | |
| | | | | Tempe, A | AZ 85281 | | | |
| EXPENDITURE (Se | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Descrip Web hos | | | | |
| 1 | X Political Advertising Expense | | | | | | | |
| L | Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. | | | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | |
| е | expenditure to benefit C/OH | | | | | | | |
| 1 | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| The Instruction Guide explains how to complete this form. | | | | | | | |
|--|---|--|----------------------------------|---|---------------------------------------|--------|----------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 4/5 Rpt: 15/16 | The Molly Ivins Pro | ject, LLC PAC | 00088748 | | | |
| 4 | CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | |
| 6 | PAYMENT Expenditure from corporate funds | (a) Amount Charged \$10.13 | (b) Date of Charge 06/24/2025 | (c) Date(s) Credit Card Issuer | r Paid | | |
| 7 | PAYEE | (a) Payee name GoDaddy | | (b) Payee address; City, State, Zip Code 100 S. Mill Ave, Suite 1600 Tempe, AZ 85281 | | | |
| 8 | PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Description Web hosting | | | |
| | Non-Political | <u> </u> | of Texas. Complete Schedule T. | | officeholder living exp | ense | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office so | | e sought Office held | | | |
| е | xpenditure to benefit C/OH PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | r Paid | | |
| | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | | |
| Political | | | | | | | |
| Non-Political | | (c) Check if travel outside of Texas. Complete Schedule T. | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder | name Office | e sought | Office held | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | PURPOSE OF (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | | | |
| Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | <u> </u> | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | Office held | | |
| е | Complete ONLY if direct xpenditure to benefit C/OH | Candidate/Officeffolder | name Office | z sougiit | Onice neid | | |
| | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

| The Instruction Guide explains how to complete this form. | | | | | | | |
|---|---|---|--|-----------------------------|---------------------------------------|--|--|
| 1 Total pages Schedule F4: | s Schedule F4: 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 5/5 Rpt: 16/16 | The Molly Ivins Proj | ject, LLC PAC | 00088748 | | | | |
| 4 CREDIT CARD ISSUER | Name of financial institution Bank of America | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | r Paid | | | |
| Expenditure from corporate funds | \$454.65 | 06/07/2025 | | | | | |
| 7 PAYEE | (a) Payee name Storyblocks | | (b) Payee address; City, State, Zip Code Suite 1000 1515 N Courthouse Road Arlington, VA 22201 | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Description Video editing tools subscri | iption | | | |
| Non-Political | () 🗀 | of Texas. Complete Schedule T. | | officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | r Paid | | | |
| Expenditure from corporate funds | \$96.00 | 04/18/2025 | | | | | |
| PAYEE | (a) Payee name US Postal Service (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Payee address; STE 1975 400 N COIT RD Richardson, TX 75080 | City, State, | , Zip Code | | |
| PURPOSE OF EXPENDITURE X Political | | | (b) Description Post office box | | | | |
| Non-Political | (c) Check if travel outside of | C) Check if travel outside of Texas. Complete Schedule T. Check | | officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | | | Office held | | | |
| | | | | | | | |