FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016982 3 COMMITTEE NAME **OFFICE USE ONLY** Jackson Walker L.L.P. Political Action Committee Date Received **ELECTRONICALLY FILED** 11/03/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 100 Congress Ave. #1100 Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Jonathan NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Neerman CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 2323 Ross Avenue, Suite 600 STREET **ADDRESS** (Residence or Business) Dallas, TX 75201-2725 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** TΧ **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 953-5822 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 December 5 September 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED**

GO TO PAGE 2

09/26/2025

10/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				12	Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Po	olitical Action Commit	too			00016982	(Lunes Commission Flicts)
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ch	narles Schwertner	State Senat	or	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
L		A Companied				
	2. Measures Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted Identify by name or, if applicable, classify by party.)					
<u></u>		DOLLTICAL COST	DIDLITIONS (OT)	D THAN	ı	
5 CONTRIBUTION 17 TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES IADE ELECTRONIC	OF LOANS, OR CALLY)	:R THAN	\$	0.00
[2. TOTAL POLITICA	L CONTRIBUTIO	NS	I OANS)	\$	50,000.00
EVDENDITUDE	(OTHER THAN PLEI 3. TOTAL UNITEMIZED			LUANS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEL	D POLITICAL EXPE	NDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURE	ES		\$	51,000.00
CONTRIBUTION !	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	193.66	
OUTSTANDING (6. TOTAL PRINCIPAL A LAST DAY OF THE I			ANS AS OF TH	E \$	0.00
6 AFFIDAVIT					l	
		true a	ar, or affirm, under p and correct and inclu r Title 15, Election C	ıdes all informa	ry, that the a tion required	accompanying report is d to be reported by me
				Mr. Jonathan	Neerman	
			Sigr	nature of Camp	aign Treasu	rer
AFFIX NOTARY S	STAMP / SEAL ABOVE					
Sworn to and subscribed b	efore me. by the said			. this	the	day
of,					-	 ,
Signature of officer adm	inistering oath	Printed name of offi	cer administering oa	ath	Title of office	cer administering oath

				Page 3 of 22
			13 Filer ID	(Ethics Commission Filers)
litical Action Committ	:ee		00016982	
Candidates (Identify by name or, if applicable, classify by party.)		Juan Hinojosa State Senator		
	B. Opposed			
2. 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.)				
Candidates (Identify by name or, if applicable, classify by party.)		Phil King State Senator		
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker State Senator		
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposeu			
Officeholders Assisted (Identify by name or, if				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted	Candidates (Identify by name or, if applicable, classify by party.)	1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Phill King State Senator (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Phill King State Senator (Identify by name or, if applicable, classify by party.) B. Opposed 5. Candidates (Identify by name or, if applicable, classify by party.) 6. Supported Tan Parker State Senator (Identify by name or, if applicable, classify by party.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 8. Opposed 7. Supported Tan Parker State Senator (Identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed	Itical Action Committee 1. Candidates Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures IDescribe by date and location of election and nature of Issue.) B. Opposed 3. Officeholders Assisted Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Phil King State Senator Phil King State Senator B. Opposed 2. Measures IDescribe by date and location of election and nature of Issue.) B. Opposed A. Supported Phil King State Senator Describe by date and location of election and nature of Issue.) B. Opposed 3. Officeholders Assisted Identify by name or, if applicable, classify by party.) I. Candidates Identify by name or, if applicable, classify by party.) B. Opposed Tan Parker State Senator J. Candidates Identify by name or, if applicable, classify by party.) B. Opposed J. Candidates Identify by name or, if applicable, classify by party.) B. Opposed J. Candidates Identify by name or, if applicable of the party of the par

					Page 4 of 22
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Poli	tical Action Committ	ee		00016982	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Shelby Slawson State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charles Cunningham State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Bucy, III State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

						Page 5 of 22
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Poli	itical Action Committe	ee			00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armando Walle	State Represen	ıtative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Toni Rose Stat	te Representative	;	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. 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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tom Oliverson	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	<u> </u>				

					Page 6 of 22
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Pol	itical Action Committ	ee		00016982	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Terry Canales State Representa	ative	
paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ramon Romero State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Christian Manuel State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

						Page 7 of 22
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Pol	itical Action Committe	ee			00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mary Edna Gonz	alez State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cassandra Herna	andez State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen St	ate Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	applicable, oracony by persyny					-

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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Pol	itical Action Committ	.ee		00016982	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ken King State Representa	ative	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angelia Orr State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jeff Barry State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. 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.)				

					Page 9 of 22
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Po	litical Action Committ	iee		00016982	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ann Johnson State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates		Jeff Leach State Represen		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Och Educit Otato Nopress.	nauvo	
(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.)				
COMMITTEE	1. Candidates		Trey Wharton State Repre	======================================	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		,	3	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and	A. Supported			
	nature of issue.)	B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.))			
	applicable, classify by party.)	<u>'I</u>			

					Page 10 of 22
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Jackson Walker L.L.P. Pol	itical Action Committ	tee		00016982	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Keith Bell State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sheryl Cole State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 11 of 22 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Jackson Walker L.L.P. Political Action Committee 00016982 14 COMMITTEE 1. Candidates A. Supported Jim Wright Railroad Commissioner **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				12	of 22
17 COI	MMITTE	EE NAME	18 Filer ID	(Ethics Commission Fil	ers)
Jac	kson V	Valker L.L.P. Political Action Committee	00016982	•	,
10 SCI		E SUBTOTALS		1	
l		SCHEDULE		SUBTOTAL AMO	UNT
INA	VIL OI .				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50	,000.00
				Ψ	,
		COLIED HE AS: NON MONETARY (IN KIND) POLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
		UNDANIZATION			
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	 	
J .	Ш	LABOR ORGANIZATION) p	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	 \$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	 	
•	Ц			ľ	
		COLUED III E E. LOANO			
9.	Ш	SCHEDULE E: LOANS		\$	
10.	Χ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 51	,000.00
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		 \$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	 	
	Ш	CONTENSE TO THE PROPERTY OF THE CONTENSE CONTINUES IN	0110	ا ا	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		 \$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	 \$	
		TOTILLIX		<u> </u>	
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			SCHEDULE A	_
ne Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 13/22	
LER NAME			3 Filer ID (Ethics Commission Filer: 00016982	s)
ate 0/13/2025	 Full name of contributor)	7 Amount of Contribution (\$) \$50,00	0.00
	Dallas, TX 78201			
incipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	as)	
L (1)	ER NAME ckson Wa te /13/2025	LER NAME ckson Walker L.L.P. Political Action Committee tte 5 Full name of contributor out-of-state PAC (ID#: Jackson Walker LLP 6 Contributor address; City; State; Zip Code	LER NAME ckson Walker L.L.P. Political Action Committee tte 5 Full name of contributor out-of-state PAC (ID#:) Jackson Walker LLP 6 Contributor address; City; State; Zip Code Dallas, TX 78201	Sch: 1/1 Rpt: 13/22 LER NAME ckson Walker L.L.P. Political Action Committee te

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Consulting Expense 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: 1/9 Rpt: 14/22	Jackson Walker L.L.P. Political Action Committee 00016982
4 Date	5 Payee name
10/13/2025	Barry, Jeff
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	4418 Broadway Street
Expenditure from corporate funds	Pearland, TX 77581
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
2/11/21/21/21	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2025	Bell, Keith
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,500.00	P. O. Box 1178
Expenditure from	
corporate funds	Forney, TX 75126
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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/6	'
Date	Payee name
10/13/2025	Bonnen, Greg
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 1183
Ψ2,300.00	F. O. BOX 1103
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Travel in District
Printing Expense Travel Out of Dis
Salaries/Wages/Contract Labor OTHER (enter a

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 15/22	Jackson Walker L.L.P. Political Action Committee 00016982
4 Date	5 Payee name
10/13/2025	Bucy, III, John
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 536
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LINDITORL	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign contribution
O Complete ONLY if direct	Condidate/Officeholder name Office country Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2025	Canales, Terry
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	310 S. Closner Boulevard
Expenditure from	
corporate funds	Edinburg, TX 78539
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.
	Candidate/Officeholder/Political Committee Campaign contribution
	Campagn contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Daysa nama
10/13/2025	Payee name Cole, Sheryl
	1
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P. O. Box 41
Ψ1,300.00	1 . O. BOX 41
Expenditure from	Austin TV 70707
corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
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
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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:	
Sch: 3/9 Rpt: 16/22	Jackson Walker L.L.P. Political Action Committee 00016982
4 Date	5 Payee name
10/13/2025	Cunningham, Charles
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	4319 Terrace Pines Drive
Expenditure from corporate funds	Kingwood, TX 77345
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
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
10/13/2025	Gonzalez, Mary
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 450
— Forestitus from	
Expenditure from corporate funds	Clint, TX 79836
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign contribution
Commission ONII V if dispose	Condidate/Office helds name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2025	Hernandez, Cassandra
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 1289
Expenditure from	
corporate funds	Addison, TX 75001
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Z. ZADITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONII V If all a	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Takal manage Cabadala Edu	
1 Total pages Schedule F1: Sch: 4/9 Rpt: 17/22	2 FILER NAME3 Filer ID(Ethics Commission Filers)Jackson Walker L.L.P. Political Action Committee00016982
4 Date	5 Payee name
10/13/2025	Hinojosa, Juan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	612 W. Nolana
·	Suite 410
Expenditure from corporate funds	McAllen, TX 78504
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Central Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2025	Hull, Lacey
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 19231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2025	Johnson, Ann
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 56386
, , ,	
Expenditure from corporate funds	Houston, TX 77256
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
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 -

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: 5/9 Rpt: 18/22	Jackson Walker L.L.P. Political Action Committee 00016982
4 Date	5 Payee name
10/13/2025	King, Ken
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 517
Expenditure from corporate funds	Canadian, TX 79014
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
O Commission ONLY if aligned	Condidate/Office holds no year
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2025	King, Phil
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 1913
Expenditure from corporate funds	Weatherford, TX 76086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
10/13/2025	Leach, Jeff
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 866186
Expenditure from corporate funds	Plano, TX 75086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
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 Committee

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

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/9 Rpt: 19/22	Jackson Walker L.L.P. Political Action Committee	e 00016982
4 Date	5 Payee name	
10/13/2025	Manuel, Christian	
6 Amount (\$) \$1,500.00 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2300 Highway 365 Suite 360 Nederland, TX 77627	9
8 PURPOSE OF	,	D) 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 Campaign contribution
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
10/13/2025	Oliverson, Tom	
Amount (\$)	Payee address; City; State; Zip Code	,
\$1,500.00	1 Greenway Plaza #225	
Expenditure from corporate funds	Houston, TX 77046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
10/13/2025	Orr, Angelia	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P. O. Box 113	9
Expenditure from corporate funds	Itasca, TX 76055	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense 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: 7/9 Rpt: 20/22	Jackson Walker L.L.P. Political Action Committee 00016982
4 Date	5 Payee name
10/13/2025	Parker, Tan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 271741
Expenditure from corporate funds	Flower Mound, TX 75207
8 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.
	Candidate/Officeholder/Political Committee
	Campaign contribution
O Commission ONLL V if dispose	Condidate/Officeholder name Office sought Office hold
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2025	Romero, Ramon
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 181
, ,	
Expenditure from corporate funds	Fort Worth, TX 76101
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.
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
10/13/2025	Rose, Toni
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 41867
·	
Expenditure from corporate funds	Dallas, TX 75241
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuuton
Complete CMI V if alia	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

/Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Ontract Labor
Travel (enter a category not listed above)

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: 8/9 Rpt: 21/22	Jackson Walker L.L.P. Political Action Committee 00016982
4 Date	5 Payee name
10/13/2025	Schwertner, Charles
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2025	Slawson, Shelby
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 286
Ψ1,000.00	1 . O. BOX 200
Expenditure from corporate funds	Stephenville, TX 76401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2025	Walle, Armando
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	4101 Washington Avenue
Ψ2,000.00	4101 Washington / Worldo
Expenditure from corporate funds	Houston, TX 77007
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioritale to beliefit G/OFI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a contrage) and listed above)

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: 9/9 Rpt: 22/22	Jackson Walker L.L.P. Political Action Committee 00016982
4 Date	5 Payee name
10/13/2025	Wharton, Trey
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	2503 Lake Road
Expenditure from	Suite A-100
corporate funds	Huntsville, TX 77340
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/13/2025	Wright, Jim
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 11540
Expenditure from corporate funds	Austin, TX 78711
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
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held