

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00069936 |  | <b>2</b> Total pages filed:<br>11  |  | <b>OFFICE USE ONLY</b>  |  |
| <b>3</b> COMMITTEE NAME<br>Texas Travel Alliance PAC     |  |  |  | Date Received<br>ELECTRONICALLY FILED<br>12/04/2025   |  |
| <b>4</b> TREASURER NAME<br>Stewart, Jay B. (Mr.)         |  |  |  | Date Hand-delivered or Date Postmarked  |  |
| <b>5</b> ORIGINAL REPORT TYPE                            |  | <input type="checkbox"/> January 15<br><input type="checkbox"/> July 15<br><input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election |  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> 10th day after campaign treasurer resignation<br><input type="checkbox"/> Dissolution report<br><input checked="" type="checkbox"/> Other (specify) <u>November 5</u> |  |
| <b>6</b> ORIGINAL PERIOD COVERED                         |  | Month Day Year<br>09/26/2025   |  | Month Day Year<br>10/25/2025  |  |
|  |  | THROUGH  |  | Date Processed  |  |
|  |  |  |  | Date Imaged   |  |

**7 EXPLANATION OF CORRECTION**

The 10/17/25 Deposit from Kelly Robinson Schaun was missed when filing the original report. Upon reconciling for the month, the error was discovered, and an amended report with the correction was filed immediately.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Jay B. Stewart

\_\_\_\_\_  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| The MPAC Instruction Guide explains how to complete this form. |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00069936 |  | 2 Total pages filed:<br>11  |  |
| 3 COMMITTEE NAME<br>Texas Travel Alliance PAC                  |  |  |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>12/04/2025<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |  |
| 4 COMMITTEE ADDRESS  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>203 W. 10th Street<br>600<br>AUSTIN, TX 78701   |  |  |   |  |
| 5 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br>Mr. Jay B.<br>NICKNAME LAST SUFFIX<br>Stewart  |  |  |   |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>203 W. 10th Street, Suite 600<br>Austin, TX 78701   |  |  |   |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                           | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>203 W. 10th Street, Suite 600<br>Austin, TX 78701  |  |  |   |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(512) 479-8888   |  |  |   |  |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)  |  |  |   |  |
| 10 MONTHLY REPORT FILING DEADLINE                              | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input checked="" type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |  |  |   |  |
| 11 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br>09/26/2025    10/25/2025  |  |  |   |  |

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Texas Travel Alliance PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00069936 |
|---|---|

|   |   |              |
|---|---|--------------|
| <b>14 COMMITTEE<br/>ACTIVITY</b><br><br>(Attach lists on plain<br>paper to complete this<br>report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if<br>applicable, classify by party.)                 | A. Supported |
|   |   | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location<br>of election and nature of issue.)           | A. Supported |
|   |   | B. Opposed   |
|   | <b>3. Officeholders<br/>Assisted</b><br>(Identify by name or, if<br>applicable, classify by party.) |              |

|                                    |  |              |
|------------------------------------|--|--------------|
| <b>15 CONTRIBUTION<br/>TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ 0.00      |
|                                    | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold   |              |
|                                    | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 1,485.49  |
| <b>EXPENDITURE<br/>TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ 0.00      |
|                                    | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 71.26     |
| <b>CONTRIBUTION<br/>BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY<br/>OF THE REPORTING PERIOD</b>  | \$ 18,923.05 |
| <b>OUTSTANDING<br/>LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br/>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.

Mr. Jay B. Stewart

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

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
4 of 11

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Texas Travel Alliance PAC |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00069936 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE      |   | SUBTOTAL AMOUNT   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 1,485.49   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 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              | \$ 71.26  |
| 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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 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:<br>Sch: 1/6 Rpt: 5/11  |
| <b>2</b> FILER NAME<br>Texas Travel Alliance PAC                           |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069936 |
| <b>4</b> Date<br>10/06/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Adams, Terri<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78132 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Consultant |  | <b>9</b> Employer (See Instructions)<br>Self-employed    |
| Date<br>10/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barnett, Evan<br><hr/> Contributor address; City; State; Zip Code<br><br>Fulshear, TX 77441                       | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>President           |  | Employer (See Instructions)<br>Pyek Group                |
| Date<br>10/02/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bayes, Diann<br><hr/> Contributor address; City; State; Zip Code<br><br>Bullard, TX 75757                         | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>President           |  | Employer (See Instructions)<br>Visit Tyler               |
| Date<br>09/28/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blevins, Johnny<br><hr/> Contributor address; City; State; Zip Code<br><br>Canton, TX 75103                       | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>President/CEO       |  | Employer (See Instructions)<br>Splash Kingdom Waterparks |
| Date<br>10/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Boyd, Erika<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78739                           | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>President & CEO     |  | Employer (See Instructions)<br>Texas Travel Alliance     |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/6 Rpt: 6/11  |
| <b>2</b> FILER NAME<br>Texas Travel Alliance PAC  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069936 |
| <b>4</b> Date<br>10/02/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bybee-Dziedzic, Jessica<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78745 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Vice President of Client Operations   |  | <b>9</b> Employer (See Instructions)<br>Saffire          |
| Date<br>10/06/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Caufield, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Celina, TX 75009                           | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Senior Principal Client Partner - Destinations |  | Employer (See Instructions)<br>Tripadvisor               |
| Date<br>10/04/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Closson, Brady<br><hr/> Contributor address; City; State; Zip Code<br><br>Fredericksburg, TX 78624                    | Amount of Contribution (\$)<br><br>\$20.83               |
| Principal occupation / Job title (See Instructions)<br>President & CEO                                |  | Employer (See Instructions)<br>Fredericksburg CVB        |
| Date<br>10/11/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cook, Katherine<br><hr/> Contributor address; City; State; Zip Code<br><br>Round Rock, TX 78681                       | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>VP Strategic Services                          |  | Employer (See Instructions)<br>Zartico                   |
| Date<br>10/23/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Coury, Matthew<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78703                            | Amount of Contribution (\$)<br><br>\$8.00                |
| Principal occupation / Job title (See Instructions)<br>President & COO                                |  | Employer (See Instructions)<br>GovOS                     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/6 Rpt: 7/11  |
| <b>2</b> FILER NAME<br>Texas Travel Alliance PAC                                    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069936 |
| <b>4</b> Date<br>09/28/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Danesi, Kimberly<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Galveston, TX 77554 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO                 |  | <b>9</b> Employer (See Instructions)<br>Visit Galveston  |
| Date<br>10/17/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Franz, Jorge<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring, TX 77386                          | Amount of Contribution (\$)<br><br>\$84.00               |
| Principal occupation / Job title (See Instructions)<br>Senior VP Tourism            |  | Employer (See Instructions)<br>Houston First             |
| Date<br>09/29/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garcia, Amanda<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78210                   | Amount of Contribution (\$)<br><br>\$21.00               |
| Principal occupation / Job title (See Instructions)<br>Chief Public Affairs Officer |  | Employer (See Instructions)<br>Texas Travel Alliance     |
| Date<br>10/24/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garcia, Jose<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912                         | Amount of Contribution (\$)<br><br>\$41.66               |
| Principal occupation / Job title (See Instructions)<br>President & CEO              |  | Employer (See Instructions)<br>Destination El Paso       |
| Date<br>10/04/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jameson, Robert<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort worth, TX 76102                   | Amount of Contribution (\$)<br><br>\$125.00              |
| Principal occupation / Job title (See Instructions)<br>President & CEO              |  | Employer (See Instructions)<br>Visit Fort Worth          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                            |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/6 Rpt: 8/11           |
| <b>2</b> FILER NAME<br>Texas Travel Alliance PAC  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069936          |
| <b>4</b> Date<br>09/26/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McKenzie, Ronald<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Cedar Hill, TX 75104 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Director of Marketin        |   | <b>9</b> Employer (See Instructions)<br>ProPark Attractions Group |
| Date<br>09/27/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morrow, Tim<br><hr/> Contributor address; City; State; Zip Code<br><br>Boerne, TX 78006                            | Amount of Contribution (\$)<br><br>\$40.00                        |
| Principal occupation / Job title (See Instructions)<br>President/CEO                        |   | Employer (See Instructions)<br>San Antonio Zoo                    |
| Date<br>09/26/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Noonan, Tom<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78738                            | Amount of Contribution (\$)<br><br>\$100.00                       |
| Principal occupation / Job title (See Instructions)<br>President/CEO                        |   | Employer (See Instructions)<br>Visit Austin                       |
| Date<br>10/02/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Osborne, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79401                         | Amount of Contribution (\$)<br><br>\$100.00                       |
| Principal occupation / Job title (See Instructions)<br>President & CEO                      |   | Employer (See Instructions)<br>Visit Lubbock                      |
| Date<br>09/28/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Page, Sarah<br><hr/> Contributor address; City; State; Zip Code<br><br>Round Rock, TX 78665                        | Amount of Contribution (\$)<br><br>\$20.00                        |
| Principal occupation / Job title (See Instructions)<br>Heritage Tourism Program Coordinator |   | Employer (See Instructions)<br>Texas Historical Commission        |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/6 Rpt: 9/11                   |
| <b>2</b> FILER NAME<br>Texas Travel Alliance PAC  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069936                  |
| <b>4</b> Date<br>10/02/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rotella, Rachel<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Grand Prarie, TX 75052 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00                       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>General Manager             |  | <b>9</b> Employer (See Instructions)<br>Ripley Entertainment              |
| Date<br>10/17/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schaun, Kelly Robinson<br><hr/> Contributor address; City; State; Zip Code<br><br>Galveston, TX 77551               | Amount of Contribution (\$)<br><br>\$400.00                               |
| Principal occupation / Job title (See Instructions)<br>Lone Star Coastal Alliance           |  | Employer (See Instructions)<br>Executive Director                         |
| Date<br>10/02/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schultz, Paul<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77001                          | Amount of Contribution (\$)<br><br>\$20.00                                |
| Principal occupation / Job title (See Instructions)<br>V.P. Hospitality, Landry's Hotel Div |  | Employer (See Instructions)<br>Landrys, Inc.                              |
| Date<br>10/12/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Kashion<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79102                        | Amount of Contribution (\$)<br><br>\$85.00                                |
| Principal occupation / Job title (See Instructions)<br>Executive Director                   |  | Employer (See Instructions)<br>Amarillo CVB                               |
| Date<br>10/11/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stawar, Brett<br><hr/> Contributor address; City; State; Zip Code<br><br>Port Aransas, TX 78373                     | Amount of Contribution (\$)<br><br>\$10.00                                |
| Principal occupation / Job title (See Instructions)<br>President & CEO                      |  | Employer (See Instructions)<br>Port Aransas/Mustang Island Tourism Bureau |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 6/6 Rpt: 10/11

2 FILER NAME

Texas Travel Alliance PAC

3 Filer ID (Ethics Commission Filers)  
00069936

4 Date

10/21/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wuest, Brad

7 Amount of Contribution (\$)

\$125.00

6 Contributor address; City; State; Zip Code

Natural Bridge Caverns, TX 78266

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Natural Bridge Caverns

# 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.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 1/1 Rpt: 11/11                                     | 2 FILER NAME<br>Texas Travel Alliance PAC  | 3 Filer ID (Ethics Commission Filers)<br>00069936   |
| 4 Date<br>09/30/2025  | 5 Payee name<br>CardConnect/BluePay  |   |
| 6 Amount (\$)<br>\$71.26<br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code<br>Blue Pay Processing<br>184 Shuman Boulevard, Suite 350<br>Naperville, IL 60563 |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                          | Candidate/Officeholder name  | Office sought Office held   |