

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080359	2 Total pages filed: 24
3 COMMITTEE NAME The Texas State University System PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
4 COMMITTEE ADDRESS PO Box 1408 Austin, TX 78767 <input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		
	NICKNAME	LAST Spilman	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 823 Congress Ave., Ste. 1313 Austin, TX 78701		APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 823 Congress Ave., Ste. 1313 Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 476-0697	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month 07/01/2025	Day	Year
	THROUGH		12/31/2025
11 ELECTION	Month Day Year	ELECTION DATE	ELECTION TYPE
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME The Texas State University System PAC		13 FILER ID (Ethics Commission Filers) 00080359
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,770.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,467.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>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.</p> <p>Mr. Tom Spilman _____ Signature of Campaign Treasurer</p>		
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 - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 24

17 COMMITTEE NAME The Texas State University System PAC	18 FILER ID (Ethics Commission Filers) 00080359
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 11,770.00	
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 334.30	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/24
2 FILER NAME The Texas State University System PAC		3 Filer ID (Ethics Commission Filers) 00080359
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Algoe, Eric	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78681	
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Texas State University
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Provost		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Provost		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Provost		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Provost		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/24
2 FILER NAME The Texas State University System PAC		3 Filer ID (Ethics Commission Filers) 00080359
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Athens, TX 75751	
8 Principal occupation / Job title (See Instructions) Provost		9 Employer (See Instructions)
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Provost		Employer (See Instructions)
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Provost		Employer (See Instructions)
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Provost		Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Provost		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/24
2 FILER NAME The Texas State University System PAC		3 Filer ID (Ethics Commission Filers) 00080359
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Wendy 6 Contributor address; City; State; Zip Code Athens, TX 75751	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Provost		9 Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Matthew Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CIO		Employer (See Instructions) Texas State University
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Daniel Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Finance Officer		Employer (See Instructions) TSUS
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Daniel Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Finance Officer		Employer (See Instructions) TSUS
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Daniel Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Finance Officer		Employer (See Instructions) TSUS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/9 Rpt: 7/24
2 FILER NAME The Texas State University System PAC		3 Filer ID (Ethics Commission Filers) 00080359
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Daniel 6 Contributor address; City; State; Zip Code Kyle, TX 78640	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Chief Finance Officer		9 Employer (See Instructions) TSUS
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Daniel Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Finance Officer		Employer (See Instructions) TSUS
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cynthia Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) TSU
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cynthia Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) TSU
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cynthia Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) TSU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/24
2 FILER NAME The Texas State University System PAC		3 Filer ID (Ethics Commission Filers) 00080359
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cynthia 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Administrator	9 Employer (See Instructions) TSU
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cynthia Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Administrator	Employer (See Instructions) TSU
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Cynthia Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Administrator	Employer (See Instructions) TSU
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Brooks Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Vice President of Advancement	Employer (See Instructions) Texas State University
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Brooks Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Vice President of Advancement	Employer (See Instructions) Texas State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/24
2 FILER NAME The Texas State University System PAC		3 Filer ID (Ethics Commission Filers) 00080359
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Brooks 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Vice President of Advancement		9 Employer (See Instructions) Texas State University
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Brooks Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Advancement		Employer (See Instructions) Texas State University
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Brooks Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Advancement		Employer (See Instructions) Texas State University
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandayam, Shreekanth Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Texas State University
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandayam, Shreekanth Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Texas State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/24
2 FILER NAME The Texas State University System PAC			3 Filer ID (Ethics Commission Filers) 00080359
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandayam, Shreekanth 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$130.00	
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Texas State University	
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandayam, Shreekanth Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$130.00	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Texas State University	
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantlik, Sandra Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions) Associate Vice President		Employer (See Instructions)	
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantlik, Sandra Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions) Associate Vice President		Employer (See Instructions)	
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantlik, Sandra Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions) Associate Vice President		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/24
2 FILER NAME The Texas State University System PAC		3 Filer ID (Ethics Commission Filers) 00080359
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantlik, Sandra 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Associate Vice President	
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantlik, Sandra Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Associate Vice President	
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Lisa Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Higher Ed Admin	
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Sid Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$300.00
	Principal occupation / Job title (See Instructions) President	
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Sid Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$300.00
	Principal occupation / Job title (See Instructions) President	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/24	
2 FILER NAME The Texas State University System PAC		3 Filer ID (Ethics Commission Filers) 00080359	
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Sid 6 Contributor address; City; State; Zip Code Beaumont, TX 77707	7 Amount of Contribution (\$) \$300.00	
	8 Principal occupation / Job title (See Instructions) President		
9 Employer (See Instructions)	Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Sid Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$300.00
	Principal occupation / Job title (See Instructions) President		Employer (See Instructions)
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Sid Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$300.00	
	Principal occupation / Job title (See Instructions) President		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Sid Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$150.00	
	Principal occupation / Job title (See Instructions) President		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wintemute, Michael Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$4,000.00	
	Principal occupation / Job title (See Instructions) Associate Vice Chancellor		Employer (See Instructions)

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 07/22/2025	5 Payee name Anedot	
6 Amount (\$) 12.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 07/25/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 07/25/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 08/01/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 08/01/2025	5 Payee name Anedot	
6 Amount (\$) 40.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 08/02/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 08/02/2025	Payee name Anedot	
Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 08/15/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 08/18/2025	5 Payee name Anedot	
6 Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 08/22/2025	Payee name Anedot	
Amount (\$) 12.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 08/25/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 08/25/2025	Payee name Anedot	
Amount (\$) 5.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 09/01/2025	5 Payee name Anedot	
6 Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 09/02/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 09/02/2025	Payee name Anedot	
Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 09/15/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

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SCHEDULE I

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1 Total pages Schedule I: Sch: 5/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 09/19/2025	5 Payee name Anedot	
6 Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 09/22/2025	Payee name Anedot	
Amount (\$) 12.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 09/25/2025	Payee name Anedot	
Amount (\$) 5.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 09/25/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

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SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 10/01/2025	5 Payee name Anedot	
6 Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 10/02/2025	Payee name Anedot	
Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 10/02/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 10/15/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

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SCHEDULE I

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1 Total pages Schedule I: Sch: 7/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 10/19/2025	5 Payee name Anedot	
6 Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 10/22/2025	Payee name Anedot	
Amount (\$) 12.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 10/25/2025	Payee name Anedot	
Amount (\$) 5.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 10/25/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

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SCHEDULE I

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1 Total pages Schedule I: Sch: 8/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 11/01/2025	5 Payee name Anedot	
6 Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 11/02/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 11/02/2025	Payee name Anedot	
Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 11/15/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

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SCHEDULE I

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1 Total pages Schedule I: Sch: 9/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 11/19/2025	5 Payee name Anedot	
6 Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 11/22/2025	Payee name Anedot	
Amount (\$) 12.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 11/25/2025	Payee name Anedot	
Amount (\$) 5.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 11/25/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

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SCHEDULE I

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1 Total pages Schedule I: Sch: 10/12 Rpt:	2 FILER NAME The Texas State University System PAC	3 Filer ID (Ethics Commission Filers) 00080359
4 Date 12/01/2025	5 Payee name Anedot	
6 Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 12/02/2025	Payee name Anedot	
Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 12/02/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 12/02/2025	Payee name Anedot	
Amount (\$) 20.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

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4 Date 12/08/2025	5 Payee name Anedot	
6 Amount (\$) 20.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 12/15/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 12/19/2025	Payee name Anedot	
Amount (\$) 6.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 12/19/2025	Payee name Anedot	
Amount (\$) 12.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

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6 Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
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