

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00069936	2 Total pages filed: 12	OFFICE USE ONLY	
3 COMMITTEE NAME Texas Travel Alliance PAC	Date Received ELECTRONICALLY FILED 03/11/2026		
4 TREASURER NAME Stewart, Jay B. (Mr.)	Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Other (specify) <u>January 5</u>	Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year 11/26/2025	THROUGH	Month Day Year 12/25/2025
Date Imaged			

7 EXPLANATION OF CORRECTION
 Not all checks printed and included in the original report were delivered. Correction is being filed immediately upon discovering the error.

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 GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Travel Alliance PAC	13 Filer ID (Ethics Commission Filers) 00069936
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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.)	Bryan Hughes State Senator	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 930.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,875.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,458.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 4 of 12

12 COMMITTEE NAME Texas Travel Alliance PAC	13 Filer ID (Ethics Commission Filers) 00069936
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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.)	Caroline Harris Davila State Representative	

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.)	Carrie Isaac State Representative	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Travel Alliance PAC		18 Filer ID (Ethics Commission Filers) 00069936
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 930.49
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	\$ 3,875.78
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 6/12
2 FILER NAME Texas Travel Alliance PAC		3 Filer ID (Ethics Commission Filers) 00069936
4 Date 12/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Terri <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self-employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Evan <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Pyek Group
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayes, Diann <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Founder/CEO		Employer (See Instructions) How Big is Texas
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blevins, Johnny <hr/> Contributor address; City; State; Zip Code Canton, TX 75103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Splash Kingdom Waterparks
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Erika <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Texas Travel Alliance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 7/12
2 FILER NAME Texas Travel Alliance PAC		3 Filer ID (Ethics Commission Filers) 00069936
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bybee-Dziedzic, Jessica <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Vice President of Client Operations		9 Employer (See Instructions) Saffire
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caufield, Scott <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Principal Client Partner - Destinations		Employer (See Instructions) Tripadvisor
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Closson, Brady <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624	Amount of Contribution (\$) \$20.83
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Fredericksburg CVB
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coury, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) President & COO		Employer (See Instructions) GovOS
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danesi, Kimberly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Visit Galveston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 8/12
2 FILER NAME Texas Travel Alliance PAC		3 Filer ID (Ethics Commission Filers) 00069936
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franz, Jorge <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Senior VP Tourism		9 Employer (See Instructions) Houston First
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jose <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$41.66
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Destination El Paso
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knull, Amanda <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Chief Public Affairs Officer		Employer (See Instructions) Texas Travel Alliance
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Ronald <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Marketin		Employer (See Instructions) ProPark Attractions Group
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Tim <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) San Antonio Zoo

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 9/12
2 FILER NAME Texas Travel Alliance PAC		3 Filer ID (Ethics Commission Filers) 00069936
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noonan, Thomas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) President/CEO		9 Employer (See Instructions) Visit Austin
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, John <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Visit Lubbock
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Sarah <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Heritage Tourism Program Coordinator		Employer (See Instructions) Texas Historical Commission
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rotella, Rachel <hr/> Contributor address; City; State; Zip Code Grand Prarie, TX 75052	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Ripley Entertainment
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77001	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) V.P. Hospitality, Landry's Hotel Div		Employer (See Instructions) Landrys, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 10/12
2 FILER NAME Texas Travel Alliance PAC		3 Filer ID (Ethics Commission Filers) 00069936
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kashion 6 Contributor address; City; State; Zip Code Amarillo, TX 79102	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Amarillo CVB
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wuest, Brad 6 Contributor address; City; State; Zip Code Natural Bridge Caverns, TX 78266	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) President		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: Sch: 1/2 Rpt: 11/12	2 FILER NAME Texas Travel Alliance PAC	3 Filer ID (Ethics Commission Filers) 00069936
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4 Date 12/10/2025	5 Payee name Bryan Hughes Campaign
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 450 Mineola, TX 75773
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/30/2025	Payee name CardConnect/BluePay
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Amount (\$) \$375.78 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Blue Pay Processing 184 Shuman Boulevard, Suite 350 Naperville, IL 60563
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/10/2025	Payee name Caroline Harris Davila for State Representative
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: Sch: 2/2 Rpt: 12/12	2 FILER NAME Texas Travel Alliance PAC	3 Filer ID (Ethics Commission Filers) 00069936
4 Date 12/10/2025	5 Payee name Carrie Isaac for Texas	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 Commons Rd #7-125 Dripping Springs, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held