

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:  
67

3 COMMITTEE NAME  
Texas Economic Fund

## OFFICE USE ONLY

Date Received  
5/30/2025 2:58:03PM

4 COMMITTEE ADDRESS  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO Box 341016  
Austin TX 78734  
☐ Change of Address

Date Hand-delivered or Postmarked

5 CAMPAIGN TREASURER NAME  
MS / MRS / MR FIRST MI  
Mr Les  
NICKNAME LAST SUFFIX  
Williamson

Receipt # Amount

Date Processed  
5/30/2025 2:58:03PM

Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1305 W. 11th Street  
Austin TX 77008

7 CAMPAIGN TREASURER MAILING ADDRESS  
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO Box 9762  
Seattle WA 98108  
☐ Change of Address

8 CAMPAIGN TREASURER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
( 508 ) 423-3328

9 REPORT TYPE  
8th Day Before Runoff Election

10 PERIOD COVERED  
Month Day Year Month Day Year  
4/24/2025 THROUGH 5/28/2025

11 ELECTION  
ELECTION DATE  
Month Day Year  
6/7/2025  
ELECTION TYPE  
☐ Primary ☒ Runoff ☐ Other Description  
☐ General ☐ Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> <b>Texas Economic Fund</b>	<b>13 Filer ID</b> (Ethics Commission Filers)
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<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input checked="" type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b> <b>Rolando Pablos</b>	
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> <b>Mayor</b>	
	<input type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <div style="text-align: right;"> <b>ELECTION DATE</b>            Month    Day    Year  <b>6/7/2025</b> </div>	
	<b>DESCRIPTION</b>		

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 1351085.00</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	<b>\$ 0</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	<b>\$ 623481.85</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 742374.74</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 0</b>

**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.

\*\*\* **Electronically Certified** \*\*\*

\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Les Williamson, this the 30th day of May, 2025, to certify which, witness my hand and seal of office.

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Signature of officer administering oath
Printed name of officer administering oath
Title of officer administering oath

# SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

<b>17 COMMITTEE NAME</b> <b>Texas Economic Fund</b>		<b>18 Filer ID</b> (Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 1063635.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 50000.00</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	<b>\$ 237450.00</b>
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	<b>\$ 0</b>
6.	<input checked="" type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 623481.85</b>
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
13.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
14.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 4901.38</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**1 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**4/24/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**GORDON V HARTMAN**

**7** Amount of contribution (\$)  
**16500.00**

**6** Contributor address; City; State; Zip Code  
**5210 THOUSAND OAKS  
SAN ANTONIO, TX 78233**

**8** Principal occupation / Job title (See instructions)  
**RETIRED**

**9** Employer (See instructions)  
**RETIRED**

Date  
**4/28/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MICHAEL MALLICK**

Amount of contribution (\$)  
**7500.00**

Contributor address; City; State; Zip Code  
**3715 CAMP BOWIE BLVD  
FORT WORTH, TX 76107**

Principal occupation / Job title (See instructions)  
**FOUNDER**

Employer (See instructions)  
**MALLICK GROUP, INC.**

Date  
**5/6/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**RICK CAVENDER**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**21105 W INTERSTATE 10  
SAN ANTONIO, TX 78257**

Principal occupation / Job title (See instructions)  
**CAVENDER AUTO FAMILY**

Employer (See instructions)  
**AUTO DEALER**

Date  
**5/6/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**LADDIE DENTON**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**11 LYNN BATTS LN  
SAN ANTONIO, TX 78218**

Principal occupation / Job title (See instructions)  
**REAL ESTATE DEVELOPER**

Employer (See instructions)  
**BITTERBLUE, INC.**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**2 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/6/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**JIM GOUDGE**

**7** Amount of contribution (\$)  
**1000.00**

**6** Contributor address; City; State; Zip Code  
**200 CLAIBORNE WAY  
SAN ANTONIO, TX 78209**

**8** Principal occupation / Job title (See instructions)  
**RETIRED**

**9** Employer (See instructions)  
**RETIRED**

Date  
**5/7/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**CRAIG FRANKLIN**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**16797 N US HIGHWAY  
SAN ANTONIO, TX 78232**

Principal occupation / Job title (See instructions)  
**CPA TAX**

Employer (See instructions)  
**CRAIG FRANKLIN CPA PC**

Date  
**5/7/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**PAT FROST**

Amount of contribution (\$)  
**2000.00**

Contributor address; City; State; Zip Code  
**520 GENESEO RD  
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

Date  
**5/7/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**JEFFREY MCKINNIE**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2515 CEDAR FALLS ST  
SAN ANTONIO, TX 78232**

Principal occupation / Job title (See instructions)  
**SR VICE PRESIDENT**

Employer (See instructions)  
**CUDE ENGINEERS**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>3 of 23</b>
<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/7/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GEORGE MERY</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>105 TOWNE VUE DR</b> <b>SAN ANTONIO, TX 78213</b>	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>EXECUTIVE</b>		<b>9</b> Employer (See instructions) <b>ELEGANT LIMOUSINE AND CHART</b>
Date <b>5/7/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WILLIAM MITCHELL</b> ..... Contributor address; City; State; Zip Code <b>704 CANTERBURY HILL ST</b> <b>SAN ANTONIO, TX 78209</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>GENERAL CONTRACTOR</b>		Employer (See instructions) <b>GW MITCHELL CONSTRUCTION</b>
Date <b>5/7/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>REAGAN WALKER</b> ..... Contributor address; City; State; Zip Code <b>31012 WOOD BINE WAY</b> <b>FAIR OAKS RANCH, TX 78015</b>	Amount of contribution (\$) <b>2500.00</b>
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>INDIGO CONSTRUCTION</b>
Date <b>5/8/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>APRIL ANCIRA</b> ..... Contributor address; City; State; Zip Code <b>31305 KENNELAND DR</b> <b>BOERNE, TX 78015</b>	Amount of contribution (\$) <b>2500.00</b>
Principal occupation / Job title (See instructions) <b>VP</b>		Employer (See instructions) <b>ANCIRA</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**4 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/8/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**JORDAN LYMAN**

**7** Amount of contribution (\$)  
**5000.00**

**6** Contributor address; City; State; Zip Code  
**13131 DAIRY ASHFORD ROAD**  
**SUGAR LAND, TX 77478**

**8** Principal occupation / Job title (See instructions)  
**IES RESIDENTIAL, INC.**

**9** Employer (See instructions)  
**DIVISION MANAGER**

Date  
**5/8/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**JOHN MEYER**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**805 CANTERBURY HILL ST**  
**SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

Date  
**5/9/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**ARNOLDO BRIONES**

Amount of contribution (\$)  
**2500.00**

Contributor address; City; State; Zip Code  
**18015 YANTIS WAY**  
**SAN ANTONIO, TX 78261**

Principal occupation / Job title (See instructions)  
**OWNER**

Employer (See instructions)  
**YANTIS COMPANY**

Date  
**5/9/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**VERONICA CHAKALES**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**24006 DULZURA**  
**SAN ANTONIO, TX 78261**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>5 of 23</b>
<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/9/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LISA FULLERTON</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>11703 HUEBNER RD</b> <b>SAN ANTONIO, TX 78230</b>	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>FOOD RETAILER</b>		<b>9</b> Employer (See instructions) <b>SELF EMPLOYED</b>
Date <b>5/9/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GERALD MERCK</b> ..... Contributor address; City; State; Zip Code <b>5431 CRESTWAY RD</b> <b>SAN ANTONIO, TX 78239</b>	Amount of contribution (\$) <b>7500.00</b>
Principal occupation / Job title (See instructions) <b>OFFICER</b>		Employer (See instructions) <b>SACC INC</b>
Date <b>5/9/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOEY PEACOCK</b> ..... Contributor address; City; State; Zip Code <b>8585 PEACOCK WAY</b> <b>SAN ANTONIO, TX 78217</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>OWNER</b>		Employer (See instructions) <b>PEACOCK OIL &amp; GAS PROPERTIES, LTD</b>
Date <b>5/9/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DAVID SPENCER</b> ..... Contributor address; City; State; Zip Code <b>149 KITTY KAT LANE</b> <b>BOERNE, TX 78006</b>	Amount of contribution (\$) <b>3000.00</b>
Principal occupation / Job title (See instructions) <b>PRESIDENT/CEO</b>		Employer (See instructions) <b>PRYTIME MEDICAL DEVICES</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>6 of 23</b>
<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/9/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RAD WEAVER</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>3511 BROADWAY</b> <b>SAN ANTONIO, TX 78209</b>	<b>7</b> Amount of contribution (\$) <b>10000.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>INVESTOR</b>		<b>9</b> Employer (See instructions) <b>CW INTERESTS</b>
Date <b>5/9/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ELLIS WILSON</b> ..... Contributor address; City; State; Zip Code <b>PO Box 790685</b> <b>SAN ANTONIO, TX 78279</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>REAL ESTATE</b>		Employer (See instructions) <b>WILSON COMPANIES INC</b>
Date <b>5/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>VINCENT DAWSON</b> ..... Contributor address; City; State; Zip Code <b>250 WEST NOTTINGHAM</b> <b>SAN ANTONIO, TX 78209</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>PARTNER</b>		Employer (See instructions) <b>BLACKFISH</b>
Date <b>5/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DON DECOTIS</b> ..... Contributor address; City; State; Zip Code <b>107 POST OAK WAY</b> <b>SAN ANTONIO, TX 78230</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>RETIRED</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7 of 23</b>
2 FILER NAME <b>Texas Economic Fund</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/10/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JACK HEBDON</b> ..... 6 Contributor address; City; State; Zip Code <b>8102 NUFY RDG</b> <b>SAN ANTONIO, TX 78209</b>	7 Amount of contribution (\$) <b>1000.00</b>
8 Principal occupation / Job title (See instructions) <b>PARTNER</b>		9 Employer (See instructions) <b>BAKKE DEVELOPMENT CORP</b>
Date <b>5/12/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GUS BECK</b> ..... Contributor address; City; State; Zip Code <b>215 LIMESTONE CREEK RD</b> <b>SAN ANTONIO, TX 78232</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>CONSTRUCTION WORKER</b>		Employer (See instructions) <b>AH BECK FOUNDATION CO., INC.</b>
Date <b>5/12/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ROB FINNEY</b> ..... Contributor address; City; State; Zip Code <b>481 E. OLMOS DR</b> <b>SAN ANTONIO, TX 78212</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>INVESTOR</b>		Employer (See instructions) <b>COMCAPP</b>
Date <b>5/12/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>FRANKLIN MASSEY</b> ..... Contributor address; City; State; Zip Code <b>PO Box 790407</b> <b>SAN ANTONIO, TX 78279</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>FOUNDER</b>		Employer (See instructions) <b>SCAR INC</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**8 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/12/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**TERESA OGDEN**

**7** Amount of contribution (\$)  
**2500.00**

**6** Contributor address; City; State; Zip Code  
**100 HAPPY TRAIL  
SAN ANTONIO, TX 78231**

**8** Principal occupation / Job title (See instructions)  
**RETIRED**

**9** Employer (See instructions)  
**RETIRED**

Date  
**5/12/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MANUEL QUINONES**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**PO Box 681568  
SAN ANTONIO, TX 78268**

Principal occupation / Job title (See instructions)  
**PHYSICIAN**

Employer (See instructions)  
**HEALTHTEXAS MEDICAL GROUP OF SAN ANTONIO**

Date  
**5/12/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**JOHN WHITE**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**PO Box 791000  
SAN ANTONIO, TX 78279**

Principal occupation / Job title (See instructions)  
**SELF EMPLOYED**

Employer (See instructions)  
**JHW ASSOCIATES**

Date  
**5/13/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**BENJAMIN DAVIS**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**PO Box 790641  
SAN ANTONIO, TX 78279**

Principal occupation / Job title (See instructions)  
**EXECUTIVE**

Employer (See instructions)  
**NIDO**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**9 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/13/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MICHELLE DAVIS**

**7** Amount of contribution (\$)  
**5000.00**

**6** Contributor address; City; State; Zip Code  
**215 HILL COUNTRY LANE  
HILL COUNTRY VILLAGE, TX 78232**

**8** Principal occupation / Job title (See instructions)  
**PRESIDENT**

**9** Employer (See instructions)  
**ABC SOUTH TEXAS**

Date  
**5/13/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MICHAEL KIOLBASSA**

Amount of contribution (\$)  
**2500.00**

Contributor address; City; State; Zip Code  
**607 RIDGEMONT AVE  
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)  
**CHIEF EXECUTIVE OFFICER**

Employer (See instructions)  
**KIOLBASSA PROVISION COMPANY**

Date  
**5/13/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MARSHA SHIELDS**

Amount of contribution (\$)  
**50000.00**

Contributor address; City; State; Zip Code  
**755 E MULBERRY AVE #600  
SAN ANTONIO, TX 78212**

Principal occupation / Job title (See instructions)  
**CEO**

Employer (See instructions)  
**MCCOMBS ENTERPRISES**

Date  
**5/13/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**SAM STEVES**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**PO Box 1866  
SAN ANTONIO, TX 78297**

Principal occupation / Job title (See instructions)  
**CHAIRMAN**

Employer (See instructions)  
**STEVES AND SONS**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10 of 23</b>
2 FILER NAME <b>Texas Economic Fund</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/14/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>HERIBERTO GUERRA</b> ..... 6 Contributor address; City; State; Zip Code <b>1 LONE STAR PASS #14</b> <b>SAN ANTONIO, TX 78264</b>	7 Amount of contribution (\$) <b>10000.00</b>
8 Principal occupation / Job title (See instructions) <b>CEO</b>		9 Employer (See instructions) <b>AVANZAR INTERIOR TECHNOLOGIES</b>
Date <b>5/14/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WOODY L HUNT</b> ..... Contributor address; City; State; Zip Code <b>PO Box 12667</b> <b>EL PASO, TX 79913</b>	Amount of contribution (\$) <b>10000.00</b>
Principal occupation / Job title (See instructions) <b>EXECUTIVE CHAIRMAN</b>		Employer (See instructions) <b>HUNT COMPANIES</b>
Date <b>5/14/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LARRY MENDEZ</b> ..... Contributor address; City; State; Zip Code <b>204 FAWN</b> <b>SHAVANO PARK, TX 78231</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>COMMERCIAL REAL ESTATE BROKER</b>		Employer (See instructions) <b>CBRE</b>
Date <b>5/14/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BLAKE YANTIS</b> ..... Contributor address; City; State; Zip Code <b>111 FAWN DR</b> <b>SHAVANO PARK, TX 78231</b>	Amount of contribution (\$) <b>2500.00</b>
Principal occupation / Job title (See instructions) <b>OWNER</b>		Employer (See instructions) <b>MOSAIC LAND DEVELOPMENT</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**11 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/14/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**JENNIFER YANTIS**

**7** Amount of contribution (\$)  
**2500.00**

**6** Contributor address; City; State; Zip Code  
**111 FAWN DR  
SHAVANO PARK, TX 78231**

**8** Principal occupation / Job title (See instructions)  
**OFFICE MANAGER**

**9** Employer (See instructions)  
**MOSAIC LAND DEVELOPMENT**

Date  
**5/15/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**PATTI BARRON**

Amount of contribution (\$)  
**10000.00**

Contributor address; City; State; Zip Code  
**9003 JODHPUR  
BOERNE, TX 78015**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

Date  
**5/15/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**CHRISTOPHER CHEEVER**

Amount of contribution (\$)  
**10000.00**

Contributor address; City; State; Zip Code  
**4242 BROADWAY STREET #1  
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)  
**BANKER**

Employer (See instructions)  
**BROADWAY BANK**

Date  
**5/15/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**EDWARD KELLEY**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**7 LINKS GREEN  
SAN ANTONIO, TX 78257**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>12 of 23</b>
<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/15/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SUSAN YANTIS</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>14 DE ZAVALA PL</b> <b>SAN ANTONIO, TX 78231</b>	<b>7</b> Amount of contribution (\$) <b>2500.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>PHILANTHROPIST</b>		<b>9</b> Employer (See instructions) <b>MOSAIC LAND DEVELOPMENT</b>
Date <b>5/15/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TOM YANTIS</b> ..... Contributor address; City; State; Zip Code <b>14 DE ZAVALA PL</b> <b>SAN ANTONIO, TX 78231</b>	Amount of contribution (\$) <b>2500.00</b>
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>MOSAIC LAND DEVELOPMENT</b>
Date <b>5/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BACKYARD STORAGE LLC</b> ..... Contributor address; City; State; Zip Code <b>885 FM ROAD 78</b> <b>MARION, TX 78124</b>	Amount of contribution (\$) <b>2000.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ENGEL ENTERPRISES, LLC</b> ..... Contributor address; City; State; Zip Code <b>290 ENGEL ROAD</b> <b>NEW BRAUNFELS, TX 78132</b>	Amount of contribution (\$) <b>2000.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**13 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/16/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**PRO STAR ROLL-OFF DUMPSTERS, LLC**

**7** Amount of contribution (\$)  
**2000.00**

**6** Contributor address; City; State; Zip Code  
**290 ENGEL ROAD  
NEW BRAUNFELS, TX 78132**

**8** Principal occupation / Job title (See instructions)

**9** Employer (See instructions)

Date  
**5/16/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**JIM G EGBERT**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**136 SCHEELE RD  
BOERNE, TX 78015**

Principal occupation / Job title (See instructions)  
**CEO**

Employer (See instructions)  
**BILL MILLER BAR B Q**

Date  
**5/16/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**CECILIA HERRERA**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**105 BLACK HAWK TRAIL  
SAN ANTONIO, TX 78232**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

Date  
**5/16/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**BALOUS MILLER**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**430 S SANTA ROSA  
SAN ANTONIO, TX 78207**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>14 of 23</b>
<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/16/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ALLAN POLUNSKY</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>17806 IH 10 WEST #450</b> <b>SAN ANTONIO, TX 78257</b>	<b>7</b> Amount of contribution (\$) <b>15000.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>ATTORNEY</b>		<b>9</b> Employer (See instructions) <b>POLUNSKY BEITEL GREEN, LLP</b>
Date <b>5/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MAVERICK OF TEXAS CONSTRUCTION LLC</b> ..... Contributor address; City; State; Zip Code <b>18954 FM 2252 #2</b> <b>GARDEN RIDGE, TX 78266</b>	Amount of contribution (\$) <b>5000.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ROB DAUBERT</b> ..... Contributor address; City; State; Zip Code <b>102 VASSAR LN</b> <b>SAN ANTONIO, TX 78212</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>DRIVER</b>		Employer (See instructions) <b>ROB DAUBERT</b>
Date <b>5/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GILBERTO OCANAS</b> ..... Contributor address; City; State; Zip Code <b>7 CHAMPIONS RUN</b> <b>SAN ANTONIO, TX 78258</b>	Amount of contribution (\$) <b>5000.00</b>
Principal occupation / Job title (See instructions) <b>PUBLIC AFFAIRS</b>		Employer (See instructions) <b>OCANAS GROUP</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**15 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/19/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**PRESTON WOOLFOLK**

**7** Amount of contribution (\$)  
**2500.00**

**6** Contributor address; City; State; Zip Code  
**4560 LOCKHILL SELMA RD  
SAN ANTONIO, TX 78249**

**8** Principal occupation / Job title (See instructions)  
**CEO**

**9** Employer (See instructions)  
**DOCUMENTATION, INC.**

Date  
**5/19/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**GORDON V HARTMAN**

Amount of contribution (\$)  
**100000.00**

Contributor address; City; State; Zip Code  
**5210 THOUSAND OAKS  
SAN ANTONIO, TX 78233**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

Date  
**5/19/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**REGENTX PARTNERS LLC**

Amount of contribution (\$)  
**100000.00**

Contributor address; City; State; Zip Code  
**120 CHULA VISTA DR  
SAN ANTONIO, TX 78232**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/20/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**ALETHEA S BUGG**

Amount of contribution (\$)  
**4000.00**

Contributor address; City; State; Zip Code  
**410 ELIZABETH RD  
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)  
**HOMEMAKER**

Employer (See instructions)  
**HOMEMAKER**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>16 of 23</b>
<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/20/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>J. BRUCE BUGG</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>410 ELIZABETH RD</b> <b>SAN ANTONIO, TX 78209</b>	<b>7</b> Amount of contribution (\$) <b>4000.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>CEO</b>		<b>9</b> Employer (See instructions) <b>ARGYLE INVESTMENT</b>
Date <b>5/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>PHILLIP BAKKE</b> ..... Contributor address; City; State; Zip Code <b>207 ROOSEVELT AVE</b> <b>SAN ANTONIO, TX 78210</b>	Amount of contribution (\$) <b>5000.00</b>
Principal occupation / Job title (See instructions) <b>PRESIDENT</b>		Employer (See instructions) <b>BAKKE DEVELOPMENT CORP</b>
Date <b>5/22/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOEL FREDERICK</b> ..... Contributor address; City; State; Zip Code <b>8301 HUBER RD</b> <b>SEGUIN, TX 78155</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>OWNER</b>		Employer (See instructions) <b>QUARTER MOON PLUMBING, INCE</b>
Date <b>5/23/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SUSAN BAYNE</b> ..... Contributor address; City; State; Zip Code <b>12 TANNER WOODS</b> <b>SAN ANTONIO, TX 78248</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>RETIRED</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**17 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/23/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**RAY CACACE**

**7** Amount of contribution (\$)  
**100.00**

**6** Contributor address; City; State; Zip Code  
**3511 TRAILWAY PARK ST  
SAN ANTONIO, TX 78247**

**8** Principal occupation / Job title (See instructions)  
**HUMAN RESOURCES**

**9** Employer (See instructions)  
**ENDEAVORS**

Date  
**5/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**DAVID CUPIT**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**4205 FOSSIL LN  
SAN ANTONIO, TX 78261**

Principal occupation / Job title (See instructions)  
**DIVISION PRESIDENT**

Employer (See instructions)  
**MAREK**

Date  
**5/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**IAN FISHER**

Amount of contribution (\$)  
**360.00**

Contributor address; City; State; Zip Code  
**66 REGENTS PARK  
SAN ANTONIO, TX 78230**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

Date  
**5/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MIKE HOWARD**

Amount of contribution (\$)  
**6000.00**

Contributor address; City; State; Zip Code  
**505 TERRELL RD  
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)  
**CEO**

Employer (See instructions)  
**HOWARD ENERGY PARTNERS**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**18 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/23/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**JUSTIN KANAS**

**7** Amount of contribution (\$)  
**2500.00**

**6** Contributor address; City; State; Zip Code  
**3839 OX-EYE DAISY  
SAN ANTONIO, TX 78261**

**8** Principal occupation / Job title (See instructions)  
**CHIEF FINANCIAL OFFICER**

**9** Employer (See instructions)  
**NOBLE TEXAS BUILDERS**

Date  
**5/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**SHELLY LUGO**

Amount of contribution (\$)  
**2500.00**

Contributor address; City; State; Zip Code  
**20919 ENCINO DAWN  
SAN ANTONIO, TX 78259**

Principal occupation / Job title (See instructions)  
**ACCOUNTANT**

Employer (See instructions)  
**SELF-EMPLOYED**

Date  
**5/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**RICHARD WEEKLEY**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**1233 WEST LOOP SOUTH  
HOUSTON, TX 77027**

Principal occupation / Job title (See instructions)  
**REAL ESTATE DEVELOPER**

Employer (See instructions)  
**SELF-EMPLOYED**

Date  
**5/23/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**EDWARD G STEVES**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**PO Box 1866  
SAN ANTONIO, TX 78297**

Principal occupation / Job title (See instructions)  
**OWNER**

Employer (See instructions)  
**STEVES DOORS**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**19 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/24/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**J SCOTT BECKENDORF**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**7 IRONWOOD ROAD**  
**OLMOS PARK, TX 78212**

**8** Principal occupation / Job title (See instructions)  
**EXECUTIVE**

**9** Employer (See instructions)  
**WINE CONSULTANTS**

Date  
**5/24/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MARC A RODRIGUEZ**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**1122 COLORADO**  
**AUSTIN, TX 78701**

Principal occupation / Job title (See instructions)  
**CONSULTANT**

Employer (See instructions)  
**SELF-EMPLOYED**

Date  
**5/26/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MARK CONNALLY**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**4 GLENDALOUGH COURT**  
**SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

Date  
**5/26/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**DANA MCGINNIS**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**215 BUSHNELL AVE**  
**SAN ANTONIO, TX 78212**

Principal occupation / Job title (See instructions)  
**INVESTOR**

Employer (See instructions)  
**MISSION ADVISORS**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>20 of 23</b>
<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/26/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ED MOORE</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>4242 BROADWAY</b> <b>SAN ANTONIO, TX 78209</b>	<b>7</b> Amount of contribution (\$) <b>2000.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>ENGINEER</b>		<b>9</b> Employer (See instructions) <b>SELF-EMPLOYED</b>
Date <b>5/27/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KAHLIG AUTO GROUP</b> ..... Contributor address; City; State; Zip Code <b>9207 SAN PEDRO AVE</b> <b>SAN ANTONIO, TX 78216</b>	Amount of contribution (\$) <b>10000.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/27/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KEN BROWN</b> ..... Contributor address; City; State; Zip Code <b>100 NE LOOP</b> <b>SAN ANTONIO, TX 78216</b>	Amount of contribution (\$) <b>2500.00</b>
Principal occupation / Job title (See instructions) <b>ATTORNEY</b>		Employer (See instructions) <b>BROWN &amp; MCDONALD</b>
Date <b>5/27/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MICHAEL FULTON</b> ..... Contributor address; City; State; Zip Code <b>5101 BROADWAY</b> <b>SAN ANTONIO, TX 78209</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>REAL ESTATE</b>		Employer (See instructions) <b>CAMP BULLIS FDG LP</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**21 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/27/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MALCOLM HARTMAN JR**

**7** Amount of contribution (\$)  
**2500.00**

**6** Contributor address; City; State; Zip Code  
**207 PRIMERA DR  
SAN ANTONIO, TX 78212**

**8** Principal occupation / Job title (See instructions)  
**SECURITIES & WEALTH MANAGEMENT**

**9** Employer (See instructions)  
**TRUSTED CAPITAL PARTNERS**

Date  
**5/27/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**FREDERICK MARTIN**

Amount of contribution (\$)  
**75.00**

Contributor address; City; State; Zip Code  
**14301 MARIN HOLLOW  
HELOTES, TX 78023**

Principal occupation / Job title (See instructions)  
**RETIRED**

Employer (See instructions)  
**RETIRED**

Date  
**5/27/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**DAVID MCALLISTER**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**4242 BROADWAY  
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)  
**ESCROW OFFICER**

Employer (See instructions)  
**PRESIDIO TITLE**

Date  
**5/27/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**TREBES SASSER**

Amount of contribution (\$)  
**2500.00**

Contributor address; City; State; Zip Code  
**200 AUSTIN HWY  
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)  
**PRESIDENT**

Employer (See instructions)  
**RIDGEMONT PROPERTIES**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>22 of 23</b>
<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/28/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MTC REAL ESTATE LLC</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>800 DOLOROSA</b> <b>SAN ANTONIO, TX 78207</b>	<b>7</b> Amount of contribution (\$) <b>10000.00</b>
<b>8</b> Principal occupation / Job title (See instructions)		<b>9</b> Employer (See instructions)
Date <b>5/28/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>URBAN CONCRETE CONTRACTORS</b> ..... Contributor address; City; State; Zip Code <b>24114 BLANCO ROAD</b> <b>SAN ANTONIO, TX 78260</b>	Amount of contribution (\$) <b>5000.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/28/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>KEVIN COVEY</b> ..... Contributor address; City; State; Zip Code <b>4515 SAN PEDRO AVE</b> <b>SAN ANTONIO, TX 78212</b>	Amount of contribution (\$) <b>20000.00</b>
Principal occupation / Job title (See instructions) <b>GENERAL MANAGER</b>		Employer (See instructions) <b>GRAYSTREET PARTNERS</b>
Date <b>5/28/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>EDUARDO PARRA</b> ..... Contributor address; City; State; Zip Code <b>28 GRANTHAM GLN</b> <b>SAN ANTONIO, TX 78257</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>CIVIL ENGINEER</b>		Employer (See instructions) <b>PARRA &amp; CO</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**23 of 23**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/28/2025**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**J TULLOS WELLS**

**7** Amount of contribution (\$)  
**5000.00**

**6** Contributor address; City; State; Zip Code  
**200 CONCORD PLAZA DR  
SAN ANTONIO, TX 78216**

**8** Principal occupation / Job title (See instructions)  
**ATTORNEY**

**9** Employer (See instructions)  
**SELP-EMPLOYED**

Date  
**5/28/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**CWI HOLDINGS, LLC**

Amount of contribution (\$)  
**2000.00**

Contributor address; City; State; Zip Code  
**PO Box 7788  
MADISON, WI 53707**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/28/2025**

Full name of contributor ☒ out-of-state PAC (ID# **C00855924**)  
**CONSERVATIVE AMERICANS PAC**

Amount of contribution (\$)  
**500000.00**

Contributor address; City; State; Zip Code  
**138 CONANT STREET #401  
BEVERLY, MA 01915**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/28/2025**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**SAN ANTONIO LAND FUND I**

Amount of contribution (\$)  
**5000.00**

Contributor address; City; State; Zip Code  
**PO Box 782257  
WICHITA, KS 67278**

Principal occupation / Job title (See instructions)

Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A2:  
**1 of 1**

**2** FILER NAME  
**Texas Economic Fund**

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

**\$ 0**

**5** Date  
**5/28/2025**

**6** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Coalition por/for Texas PAC**

**8** Amount of Contribution \$ **50000.00**

**9** In-kind contribution description  
**Voter Data and Modeling**

**7** Contributor address; City; State; Zip Code  
**3819 Maple Ave  
Dallas, TX 75219**

☐ Check if travel outside of Texas, complete Schedule T

**10** Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

**11** Employer (FOR NON-JUDICIAL) (See instructions)

**12** Contributor's principal occupation (FOR JUDICIAL)

**13** Contributor's job title (FOR JUDICIAL) (See instructions)

**14** Contributor's employer/law firm (FOR JUDICIAL)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements**

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.			1 Total pages Schedule B: 1 of 1		
2 FILER NAME Texas Economic Fund			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED PLEDGES			\$ 0		
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		8 Amount of Pledge \$		9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)			11 Employer (See instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)			Employer (See instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements					

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:  
**1 of 3**

2 FILER NAME  
**Texas Economic Fund**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/7/2025**

5 Corporation / Labor Organization name  
**IBC BANK**

7 Amount of contribution (\$)  
**25000.00**

6 Corporation / Labor Organization address; City; State; Zip Code  
**2418 JACAMAN ROAD  
LAREDO, TX 78041**

Date  
**5/7/2025**

Corporation / Labor Organization name  
**CLARK CONSTRUCTION**

Amount of contribution (\$)  
**20000.00**

Corporation / Labor Organization address; City; State; Zip Code  
**5140 GIBBS SPRAWL RD  
SAN ANTONIO, TX 78219**

Date  
**5/9/2025**

Corporation / Labor Organization name  
**SOUTHWEST TEXAS EQUIPMENT DISTRIBUTORS, INC.**

Amount of contribution (\$)  
**10000.00**

Corporation / Labor Organization address; City; State; Zip Code  
**1227 S ST MARYS STREET  
SAN ANTONIO, TX 78210**

Date  
**5/12/2025**

Corporation / Labor Organization name  
**MONTERREY METAL RECYCLING SOLUTIONS**

Amount of contribution (\$)  
**1200.00**

Corporation / Labor Organization address; City; State; Zip Code  
**2300 FRIO CITY RD  
SAN ANTONIO, TX 78226**

Date  
**5/14/2025**

Corporation / Labor Organization name  
**EMBREY PARTNERS, LTD**

Amount of contribution (\$)  
**10000.00**

Corporation / Labor Organization address; City; State; Zip Code  
**7600 BROADWAY #300  
SAN ANTONIO, TX 78209**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <b>2 of 3</b>
2 FILER NAME <b>Texas Economic Fund</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/15/2025</b>	5 Corporation / Labor Organization name <b>SAN ANTONIO APARTMENT ASSOCIATION</b> ..... 6 Corporation / Labor Organization address; City; State; Zip Code <b>7525 BABCOCK ROAD</b> <b>SAN ANTONIO, TX 78249</b>	7 Amount of contribution (\$) <b>50000.00</b>
Date <b>5/16/2025</b>	Corporation / Labor Organization name <b>TRUE BLUE SURFACES</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>3626 BINZ ENGLEMAN RD.</b> <b>SAN ANTONIO, TX 78219</b>	Amount of contribution (\$) <b>250.00</b>
Date <b>5/16/2025</b>	Corporation / Labor Organization name <b>WINTERGREEN GROUP INC.</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>153 TREELINE PARK #300</b> <b>SAN ANTONIO, TX 78208</b>	Amount of contribution (\$) <b>50000.00</b>
Date <b>5/19/2025</b>	Corporation / Labor Organization name <b>ENERGY TRANSFER LP</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>8020 PARK LANE #200</b> <b>DALLAS, TX 75231</b>	Amount of contribution (\$) <b>50000.00</b>
Date <b>5/19/2025</b>	Corporation / Labor Organization name <b>HOMESPRING RESIDENTIAL SERVICES</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>PO Box 29156</b> <b>SAN ANTONIO, TX 78229</b>	Amount of contribution (\$) <b>3500.00</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <b>3 of 3</b>
2 FILER NAME <b>Texas Economic Fund</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/20/2025</b>	5 Corporation / Labor Organization name <b>VK KNOWLTON CONSTRUCTION AND UTILITIES, INC.</b> ..... 6 Corporation / Labor Organization address; City; State; Zip Code <b>18225 FM 2252 SAN ANTONIO, TX 78266</b>	7 Amount of contribution (\$) <b>2500.00</b>
Date <b>5/21/2025</b>	Corporation / Labor Organization name <b>CASA MECHANICAL SERVICES</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>2401 EAST OLD SETTLERS BOULEVARD ROUND ROCK, TX 78665</b>	Amount of contribution (\$) <b>5000.00</b>
Date <b>5/21/2025</b>	Corporation / Labor Organization name <b>CASA MECHANICAL SERVICES</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>2401 EAST OLD SETTLERS BOULEVARD ROUND ROCK, TX 78665</b>	Amount of contribution (\$) <b>5000.00</b>
Date <b>5/23/2025</b>	Corporation / Labor Organization name <b>HMT ENGINEERING &amp; SURVEYING, INC.</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>290 S CASTELL AVE #100 NEW BRAUNFELS, TX 78130</b>	Amount of contribution (\$) <b>2500.00</b>
Date <b>5/28/2025</b>	Corporation / Labor Organization name <b>RFM COMMERCIAL, INC.</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>1920 NACOGDOCHES RD SAN ANTONIO, TX 78209</b>	Amount of contribution (\$) <b>2500.00</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: 1 of 1
2 FILER NAME Texas Economic Fund		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name  ..... 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$)  ..... 8 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



# PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE D**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: 1 of 1
2 FILER NAME Texas Economic Fund		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name  6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$)  8 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Texas Economic Fund

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; . . . . . City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral  
☐ none

15 ☐ Check if personal funds were deposited into political  
account (See instructions)

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; . . . . . City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; . . . . . City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral  
☐ none

☐ Check if personal funds were deposited into political  
account (See Instructions)

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; . . . . . City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/24/2025</b>	<b>5</b> Payee name <b>VAN WAGNER TWELVE HOLDINGS, LLC</b>	
<b>6</b> Amount (\$) <b>16500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>800 THIRD AVENUE NEW YORK, NY 10022</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Banner Advertising</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <b>Rolando Pablos</b> Office sought <b>Mayor</b> Office held		
Date <b>4/24/2025</b>	Payee name <b>CHAIN BRIDGE BANK, N.A.</b>	
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code <b>1445 LAUGHLIN AVENUE MCLEAN, VA 22101</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Bank Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>5/6/2025</b>	Payee name <b>ANEDOT INC.</b>	
Amount (\$) <b>40.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/6/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>40.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/6/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>200.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/7/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>20.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/7/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>	
<b>6</b> Amount (\$) <b>20.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>5/7/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>80.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Credit Card Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <b>5/7/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>40.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Credit Card Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/7/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>40.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/7/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>100.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/7/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>800.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/8/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>100.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/8/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>40.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/8/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>200.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/9/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>120.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/9/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>10.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/9/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>40.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>7 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/9/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>40.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/9/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>40.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/9/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>100.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>8 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/9/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>300.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/9/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>400.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/10/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>40.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>9 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/10/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>10.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date <b>5/10/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>20.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date <b>5/12/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>200.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>10 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/12/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>	
<b>6</b> Amount (\$) <b>200.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>5/12/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>40.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Credit Card Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <b>5/12/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>40.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Credit Card Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>11 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/12/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>40.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>5/12/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>100.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>5/12/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>48.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>12 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/13/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>	
<b>6</b> Amount (\$) <b>100.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <b>5/13/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>200.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Credit Card Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

Date <b>5/13/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>200.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Credit Card Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>13 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/13/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>200.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/14/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>100.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/14/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>100.30</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>14 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/14/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>40.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name Office sought Office held			
Date <b>5/14/2025</b>	Payee name <b>MISSION VIDEO</b>		
Amount (\$) <b>6025.00</b>	Payee address; City; State; Zip Code <b>5921 EL CAMPO FORT WORTH, TX 76107</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Video Production</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name Office sought Office held			
Date <b>5/15/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>200.60</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>15 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/16/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>80.90</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date <b>5/16/2025</b>	Payee name <b>SHORT COURSE STRATEGIES LLC</b>		
Amount (\$) <b>3000.00</b>	Payee address; City; State; Zip Code <b>PO Box 9762 SEATTLE, WA 98109</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Accounting</b>		Description <b>Compliance Services</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date <b>5/16/2025</b>	Payee name <b>SHORT COURSE STRATEGIES LLC</b>		
Amount (\$) <b>3000.00</b>	Payee address; City; State; Zip Code <b>PO Box 9762 SEATTLE, WA 98109</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Accounting</b>		Description <b>Compliance Services</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>16 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/16/2025</b>	<b>5</b> Payee name <b>SHORT COURSE STRATEGIES LLC</b>	
<b>6</b> Amount (\$) <b>6000.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 9762 SEATTLE, WA 98109</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other: Accounting</b>	<b>(b)</b> Description <b>Compliance Services</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date <b>5/16/2025</b>	Payee name <b>LEX POLITICA PLLC</b>	
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>PO Box 341016 AUSTIN, TX 78734</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Legal Services</b>	Description <b>Legal Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date <b>5/16/2025</b>	Payee name <b>LEX POLITICA PLLC</b>	
Amount (\$) <b>2790.00</b>	Payee address; City; State; Zip Code <b>PO Box 341016 AUSTIN, TX 78734</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Legal Services</b>	Description <b>Legal Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>17 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/19/2025</b>	<b>5</b> Payee name <b>CHAIN BRIDGE BANK, N.A.</b>		
<b>6</b> Amount (\$) <b>25.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1445 LAUGHLIN AVENUE MCLEAN, VA 22101</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Bank Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/19/2025</b>	Payee name <b>CHAIN BRIDGE BANK, N.A.</b>		
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code <b>1445 LAUGHLIN AVENUE MCLEAN, VA 22101</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Bank Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/19/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>340.90</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>18 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/20/2025</b>	<b>5</b> Payee name <b>CHAIN BRIDGE BANK, N.A.</b>		
<b>6</b> Amount (\$) <b>25.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1445 LAUGHLIN AVENUE MCLEAN, VA 22101</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Bank Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name Office sought Office held			
Date <b>5/20/2025</b>	Payee name <b>CHAIN BRIDGE BANK, N.A.</b>		
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code <b>1445 LAUGHLIN AVENUE MCLEAN, VA 22101</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Bank Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name Office sought Office held			
Date <b>5/20/2025</b>	Payee name <b>MISSION VIDEO</b>		
Amount (\$) <b>160000.00</b>	Payee address; City; State; Zip Code <b>5921 EL CAMPO AVENUE FORT WORTH, TX 76107</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Television Advertising (opposing Ortiz)</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name Office sought Office held			
<b>Not Applicable</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>19 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)						
<b>4</b> Date <b>5/21/2025</b>	<b>5</b> Payee name <b>MISSION VIDEO</b>								
<b>6</b> Amount (\$) <b>205000.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>5921 EL CAMPO AVENUE FORT WORTH, TX 76107</b>								
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Television Advertising (opposing Ortiz)</b>						
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> <tr> <td></td> <td><b>Not Applicable</b></td> <td></td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held		<b>Not Applicable</b>	
Candidate / Officeholder name	Office sought	Office held							
	<b>Not Applicable</b>								
Date <b>5/21/2025</b>	Payee name <b>CHAIN BRIDGE BANK, N.A.</b>								
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code <b>1445 LAUGHLIN AVENUE MCLEAN, VA 22101</b>								
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Bank Fee</b>						
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held			
Candidate / Officeholder name	Office sought	Office held							
Date <b>5/21/2025</b>	Payee name <b>CATALYST ADVISORS GROUP LLC</b>								
Amount (\$) <b>74291.25</b>	Payee address; City; State; Zip Code <b>1108 LAVACA #110-5 AUSTIN, TX 78701</b>								
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Direct Mail</b>						
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> <tr> <td><b>Rolando Pablos</b></td> <td><b>Mayor</b></td> <td></td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held	<b>Rolando Pablos</b>	<b>Mayor</b>	
Candidate / Officeholder name	Office sought	Office held							
<b>Rolando Pablos</b>	<b>Mayor</b>								

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>20 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/22/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>	
<b>6</b> Amount (\$) <b>240.60</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <b>5/23/2025</b>	Payee name <b>CHAIN BRIDGE BANK, N.A.</b>	
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code <b>1445 LAUGHLIN AVENUE MCLEAN, VA 22101</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Bank Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <b>5/23/2025</b>	Payee name <b>CHAIN BRIDGE BANK, N.A.</b>	
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code <b>1445 LAUGHLIN AVENUE MCLEAN, VA 22101</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Bank Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>21 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/23/2025</b>	<b>5</b> Payee name <b>HEARST NEWSPAPERS, LLC</b>		
<b>6</b> Amount (\$) <b>7597.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 10473 DES MOINES, IA 50306</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Print Advertising</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Rolando Pablos</b> Office sought <b>Mayor</b> Office held			
Date <b>5/23/2025</b>	Payee name <b>HEARST NEWSPAPERS, LLC</b>		
Amount (\$) <b>15128.70</b>	Payee address; City; State; Zip Code <b>PO Box 10473 DES MOINES, IA 50306</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Print Advertising</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Rolando Pablos</b> Office sought <b>Mayor</b> Office held			
Date <b>5/23/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>449.20</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>22 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/23/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>140.60</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/24/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>220.60</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/26/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>140.90</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Credit Card Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>23 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/27/2025</b>	<b>5</b> Payee name <b>MEETING STREET RESEARCH, LLC</b>	
<b>6</b> Amount (\$) <b>20000.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>98 W SHIPYARD ROAD MOUNT PLEASANT, SC 29464</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Polling Expense</b>	<b>(b)</b> Description <b>Polling</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>5/27/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>384.80</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Credit Card Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <b>5/28/2025</b>	Payee name <b>ANEDOT INC.</b>		
Amount (\$) <b>840.60</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Credit Card Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>24 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/28/2025</b>	<b>5</b> Payee name <b>MISSION VIDEO</b>	
<b>6</b> Amount (\$) <b>4100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>5921 EL CAMPO FORT WORTH, TX 76107</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Video Production (opposing Ortiz)</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

Date <b>5/28/2025</b>	Payee name <b>MISSION VIDEO</b>		
Amount (\$) <b>4100.00</b>	Payee address; City; State; Zip Code <b>5921 EL CAMPO FORT WORTH, TX 76107</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Video Production</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
	<b>Rolando Pablos</b>	<b>Mayor</b>	

Date <b>5/28/2025</b>	Payee name <b>CATALYST ADVISORS GROUP LLC</b>		
Amount (\$) <b>88000.00</b>	Payee address; City; State; Zip Code <b>1108 LAVACA AUSTIN, TX 78701</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Direct Mail (opposing Ortiz)</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
		<b>Not Applicable</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>25 of 25</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/28/2025</b>	<b>5</b> Payee name <b>ANEDOT INC.</b>		
<b>6</b> Amount (\$) <b>100.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 POYDRAS STREET #1770 NEW ORLEANS, LA 70112</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Credit Card Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Office held
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Office held
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Office held
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Office held
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/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

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:  
**1 of 1**

2 FILER NAME

**Texas Economic Fund**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/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

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/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

<b>1</b> Total pages Schedule H: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office sought         Office held		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Texas Economic Fund</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address;                      City;      State;      Zip Code		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category      (See instructions for examples of acceptable categories.)	<b>(b)</b> Description      (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category      (See instructions for examples of acceptable categories.)	Description      (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category      (See instructions for examples of acceptable categories.)	Description      (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category      (See instructions for examples of acceptable categories.)	Description      (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category      (See instructions for examples of acceptable categories.)	Description      (See instructions regarding type of information required.)	

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE **K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Texas Economic Fund

3 Filer ID (Ethics Commission Filers)

4 Date

5/6/2025

5 Name of person from whom amount is received

CATALYST ADVISORS GROUP LLC

8 Amount (\$)

4901.38

6 Address of person from whom amount is received; City; State; Zip Code

1108 LAVACA ST #110-5  
AUSTIN, TX 78701

7 Purpose for which amount is received

Vendor Refund

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule T: 1 of 1</b>
<b>2 FILER NAME</b> <b>Texas Economic Fund</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</b>		
<b>5 Contribution / Expenditure reported on:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
<b>6 Dates of travel</b>	<b>7 Name of person(s) traveling</b>	
	<b>8 Departure city or name of departure location</b>	
	<b>9 Destination city or name of destination location</b>	
<b>10 Means of transportation</b>	<b>11 Purpose of travel (including name of conference, seminar, or other event)</b>	
<b>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</b>		
<b>Contribution / Expenditure reported on:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
<b>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</b>		
<b>Contribution / Expenditure reported on:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Dissolution" \*\*

**1** COMMITTEE NAME  
Texas Economic Fund

**2** Filer ID (Ethics Commission Filers)

## **3 Affidavit of Dissolution**

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

\_\_\_\_\_  
Signature of Campaign Treasurer

DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED

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