OFFICIAL RECORD
CITY SECRETARY
FT. WORTH TY

FORM SPAC COVER SHEET PG 1

| The SPAC Instruction Guide explains how to complete this form. 1 Filer ID 2 Total pages filed: 11 | | | | | | | | |
|--|--|--|----------------|----------|-------------------|----------------|-------------|--|
| 3 COMMITTEE NAME | | | | | OFFICE | USE O | NLY | |
| Together Fort Wo | rth | | | Da | te Received | | | |
| | | | | | | | | |
| 4 COMMITTEE | ADDRESS / PO BOX; APT / SUIT | E#; CITY; | STATE; ZIP | CODE | | | | |
| ADDRESS | P.O. Box 3451 | L#, OIII, | JIAIL, ZII | _ | ite Hand-delivere | d or Date Pos | Imarked | |
| Change of Address | | | | | I IMIM GENERALE | . J. Duit 1 03 | ainuu | |
| | Fort Worth, TX 76113 | | | Re | ceipt# | Amoun | nt | |
| | | | | Da | ite Processed | | | |
| | | | | Da | te Imaged | | | |
| 5 CAMPAIGN | MS / MRS / MR FIRST | Т | | МІ | | | | |
| TREASURER NAME | Ms. Pam | | | | | | | |
| | NICKNAME LAST | | | SU | IFFIX | | | |
| | Minick | < | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO BOX F | PLEASE); | APT / SUITE #; | CITY; | S | TATE; | ZIP CODE | |
| TREASURER STREET ADDRESS | 201 Main Street, Sui | ite 2500 | | Fort W | orth | ТХ | 76102 | |
| (Residence or Business) | | | | | | | | |
| CAMPAIGN TREASURER | STREET OR PO BOX; | Andrew Control of the | APT / SUITE #; | CITY; | S | TATE; | ZIP CODE | |
| MAILING ADDRESS | P.O. Box 3451 | | | Fort Wo | rth ' | TX | 76113 | |
| Change of Address | | | | | | | | |
| 8 CAMPAIGN TREASURER | AREA CODE PHONE NUM | MBER EXTENSI | ON | | | | | |
| PHONE | (817) 878-3595 | | 8 | | | | | |
| 9 REPORT TYPE | January 15 | 30th day befor | e election | | xceeded modif | ied reportin | g limit | |
| | | 8th day before | election | | issolution (Atta | ch PAC-DR | 2) | |
| | X July 15 | Runoff | | | Oth day after ca | ampaign tre | asurer | |
| 10 PERIOD | Month Day Year | | Mo | | Year | | | |
| COVERED | 04/25/2024 | THROUGH | | 06/30/20 | 24 | | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TY | | al. a | | | |
| | Month Day Year 05/04/2024 | Primary | Runoff | | ther | | | |
| | | General | X Special | | | | | |
| | A contract the second s | | | | | | | |
| , | | GO TO PAG | E 2 | | | | | |
| Forms provided by Te | xas Ethics Commission | www.ethics.stat | e.tx.us | | Ver | sion V4.1 | .0,d378aba0 | |

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **COVER SHEET PG 2 PURPOSE AND TOTALS** 13 Filer ID 12 COMMITTEE NAME Together Fort Worth CANDIDATE / OFFICEHOLDER NAME 14 COMMITTEE **PURPOSE** (Attach lists on plain Candidate paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Officeholder X SUPPORT **ELECTION DATE BALLOT IDENTIFICATION / #** (Candidate or Measure) Month Year Day **OPPOSE** 05/04/2024 (Candidate or Measure) X Measure ASSIST DESCRIPTION (Officeholder) City of Fort Worth Proposition A - new venue hotel occupancy tax 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, 15 CONTRIBUTION LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE **TOTALS** \$0.00 ELECTRONICALLY), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS \$52,500.00 \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES **TOTALS** \$ \$0.00 4. TOTAL POLITICAL EXPENDITURES \$103,791.09 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE CONTRIBUTION REPORTING PERIOD BALANCE \$4,119,46 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD LOAN TOTALS \$ \$0.00 16 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under MELINDA MARQUEZ Title 15, Election Code. Notary Public STATE OF TEXAS Notary ID # 5152988 My Comm. Exp. June 20, 2025 aight freasurer Assistant IX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>bana Stayton</u> day this the of July 20 24 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

melinda Marque

Melinda Marquez
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC **COVER SHEET PG 3**

| | | | | | 3 of 11 | | | | |
|-----|---------------------------------------|--|--------------|------------|------------|--|--|--|--|
| | 17 COMMITTEE NAME Together Fort Worth | | | | | | | | |
| | Together Fort Worth | | | | | | | | |
| | | E SUBTOTALS SCHEDULE | | SUBTOTAL A | AMOUNT | | | | |
| 1. | Х | \$ | 52,500.00 | | | | | | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | DR | \$ | | | | | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | | | | |
| 6. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR | ORGANIZATION | \$ | | | | | |
| 7. | | SCHEDULE E: LOANS | | \$ | | | | | |
| 8. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 103,791.09 | | | | |
| 9. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | |
| 10. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 11. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | | |
| 12. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | | | |
| 13. | Х | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI | ONS | \$ | 45.00 | | | | |
| 14. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | | | | |
| | | | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/11 3 Filer ID 2 FILER NAME Together Fort Worth 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$10,000.00 06/03/2024 **Broaddus & Associates** 6 Contributor address; City; State; Zip Code 1301 S. Capital of Texas Highway Suite A302 Austin, TX 78746 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$2,500.00 05/06/2024 Bryant, Vernon Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd. Suite 114-156 Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Southwest Bank Banker Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$15,000.00 06/04/2024 Fort Worth Heritage Development LLC Contributor address; City; State; Zip Code Sixth Floor 13191 Crossroads Parkway North City of Industry, CA 91746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$10,000.00 Hillwood Alliance Group, L.P. 05/06/2024 Contributor address; City; State; Zip Code 3000 Turtle Creek Blvd. Dallas, TX 75219 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$5,000.00 Pinnacle Bank 05/06/2024 Contributor address; City; State; Zip Code P.O. Box 676 308 S. Old Betsy Road Kenne, TX 76059 Employer (See Instructions) Principal occupation / Job title (See Instructions) Version V4.1.0.d378aba0 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

| MONET | ARY POLITICAL CONTRIBUTIONS | | SCHEDULE A1 |
|-----------------------------|--|--------|--|
| The Instru | ction Guide explains how to complete this form. | 1 | Total pages Schedule A1: Sch: 2/2 Rpt: 5/11 |
| 2 FILER NAME Together Fo | | 3 | Filer ID |
| 4 Date 06/20/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Remington Hotels, LLC 6 Contributor address; City; State; Zip Code 14185 Dallas Parkway Suite 1150 Dallas, TX 75254 | | Amount of Contribution (\$) \$10,000.00 |
| 8 Principal occu | upation / Job title (See Instructions) 9 Employer (See Instructions) | tions) | |
| | | | |
| | d by Texas Ethics Commission www.ethics.state.tx.us | | Version V4.1.0.d378aba |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| | Candidate/Officeholder/Political Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 1/5 Rpt: 6/11 | Together Fort Worth |
| 4 | Date | 5 Payee name |
| | 05/14/2024 | Arcpoint Studios |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$8,296.01 | 2212 W. Peter Smith Street |
| | , -, | |
| | | Fort Worth, TX 76102 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Video Check If travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Shoot - 2 full production days |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/OI | H |
| Г | Date | Payee name |
| | 05/06/2024 | Capital Consulting |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$13,955.00 | P.O. Box 323 |
| | | |
| | | Bluff Dale, TX 76433 |
| Γ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Direct Mail Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Direct Mail |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 05/06/2024 | Capital Consulting |
| - | Amount (\$) | Payee address; City; State; Zip Code |
| l | \$13,955.00 | P.O. Box 323 |
| l | ,, | * . |
| | | Bluff Dale, TX 76433 |
| r | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Direct Mail Check if travel outside of Texas, Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense Direct Mail |
| | | Directivian |
| L | | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/O | Carludate/Officerolder Harris |
| - | • | |
| | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) |
|---|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political | |
| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
| 1 | Total pages Schedule F1: | |
| _ | Sch: 2/5 Rpt: 7/11 | Together Fort Worth |
| | Date 06/07/2024 | 5 Payee name Capital Consulting |
| 6 | Amount (\$) \$17,775.00 | 7 Payee address; City; State; Zip Code P.O. Box 323 Bluff Dale, TX 76433 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Website, etc. (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website design/build, graphic designs and video production |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| _ | Date | Payee name |
| | 06/07/2024 | Capital Consulting |
| | Amount (\$) \$13,955.00 | Payee address; City; State; Zip Code P.O. Box 323 Bluff Dale, TX 76433 |
| _ | PURPOSE | |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Mailer |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| _ | Date | Payee name |
| | 06/21/2024 | Capital Consulting |
| | Amount (\$) \$13,955.00 | Payee address; City; State; Zip Code P.O. Box 323 |
| | | Bluff Dale, TX 76433 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailer |
| - | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| - | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Event Expense Advertising Expense Accounting/Banking

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Together Fort Worth Sch: 3/5 Rpt: 8/11 4 Date Payee name Install Connect, Inc. 05/06/2024 State; Zip Code 6 Amount (\$) Payee address; City; 505 W. State Street \$480.00 Garland, TX 75040 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Polling Expense EXPENDITURE Check if Austin, TX, officeholder living expense Early poll sign install Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/06/2024 Install Connect, Inc. Payee address; City; State; Zip Code Amount (\$) \$480.00 505 W. State Street Garland, TX 75040 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Sign Install EXPENDITURE Check if Austin, TX, officeholder living expense Sign Install Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Install Connect, Inc. 05/14/2024 State; Zip Code City; Amount (\$) Payee address; 505 W. State Street \$2,000.00 Garland, TX 75040 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Sign Install and Removal Check if Austin, TX, officeholder living expense **EXPENDITURE** Sign Install and Removal Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By . **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 4/5 Rpt: 9/11 Together Fort Worth 4 Date Payee name 04/25/2024 Kelly Hart & Hallman Payee address; City; State; Zip Code 6 Amount (\$) \$3,164.50 301 Main Street Suite 2500 Fort Worth, TX 76102 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Legal Services **EXPENDITURE** Check if Austin, TX, officeholder living expense Legal Services Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 04/25/2024 Kelly Hart & Hallman State; Zip Code Amount (\$) Payee address; City; \$1,691.50 201 Main Street, Suite 2500 Fort Worth, TX 76102 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Legal Services EXPENDITURE Check if Austin, TX, officeholder living expense **Legal Services** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 06/28/2024 Kelly Hart & Hallman Payee address; City; State; Zip Code Amount (\$) 301 Main Street Suite 2500 \$5,488.00 Fort Worth, TX 76102 PURPOSE Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. OF Legal Services EXPENDITURE Check if Austin, TX, officeholder living expense Attorney Fees Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Avertising Expense Event Expense Loan Repayment/Reimbu

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

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | | nmittee | Gift/Awards/Memorial Legal Services The Instruction G | | | ages/ | Contract Labor | OTHER (enter a category | ory not listed above) |
|---|---|-----|---------------|---|-----------------------|------------|-------|---|--|--|
| 1 | Total pages Schedule F1: | 2 | FII FR NAME | | | | | | 3 Filer ID | The bound of the second of the |
| • | Sch: 5/5 Rpt: 10/11 | _ | Together Fo | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 05/14/2024 | | Politicoin | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | Zip Co | de | | | |
| | \$4,815.08 | | P. O. Box 5 | 32 | | | | | | |
| | | | | | | | | | | |
| | | | Mount Free | dom, NJ 07970 |) | | | | | |
| 8 | PURPOSE | (a) | Category (s | ee Categories listed at | the top of this sch | edule) | (b) | Description | | |
| | OF EXPENDITURE | | Solicitation | Fundraising Ex | pense | | | | outside of Texas. Complete : , TX, officeholder living expe | |
| | | | | | | | | Digital fundra | | 1130 |
| | | | | | | | | Digital fariala | aon ig | |
| Ļ | One late ONLY if allow the | L, | 2 | ceholder name | | Office sou | aht | | Office held | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Jandidate/On | cenoider name | | Jilice Sou | ym | | Office field | |
| _ | | _ | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 05/06/2024 | | Ryan Data | & Research | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | ; Zip Co | de | | | |
| | \$750.00 | | P.O. Box 2 | 02675 | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX | 78720 | | | | was a surface of the | | |
| | PURPOSE | (a) | Category (s | ee Categories listed a | t the top of this sch | edule) | (b) | Description | | |
| | OF EXPENDITURE | | Voter Data | | | | | | outside of Texas. Complete , TX, officeholder living expe | |
| | | | | | | | | Voter Data | i, TA, biliceriolder living expe | ilise |
| | | | | | | | | VOICE DAIL | | |
| L | Complete ONLY if direct | _ | Candidate/Off | iceholder name | | Office sou | aht | | Office held | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Januluale/On | icentituel name | , | Jilice sou | yın | | Office field | |
| L | *************************************** | _ | | | | | - | | | |
| | Date | | Payee name | | | | | | | |
| L | 05/06/2024 | L | Texas Trac | le Graphics | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State | ; Zip Co | de | | | |
| ı | \$3,031.00 | | 2935 Irving | | | | | | | |
| | | | Suite 201 | | | | | | | |
| | | | Dallas, TX | 75247 | | | | | | |
| 1 | PURPOSE | (a | Category (5 | see Categories listed a | t the top of this sch | nedule) | (b) | Description | | |
| | OF | | Printing Ex | | | , | | | outside of Texas. Complete | |
| | EXPENDITURE | 1 | | • | | | | | n, TX, officeholder living expe | ense |
| | | | | | | | | Signs | | |
| L | | L | | | | 0.00 | L | | Office held | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Of | iceholder name | (| Office sou | ignt | | Office field | |
| L | | | | | | | | | | |
| | | | | | | | | | | * |
| | | | | | | | | | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| | | The Instruction Guide explains how to complete this form. |
|---------|------------------------------|--|
| 1 | Total pages Schedule I: | 2 FILER NAME 3 Filer ID |
| | Sch: 1/1 Rpt: | Together Fort Worth |
| 4 | Date | 5 Payee name |
| - maker | 05/14/2024 | Bank of Texas |
| 6 | Amount (\$) | 7 Payee Address; City; State; Zip |
| | 10.00 | P.O. Box 29775 |
| | | Dallas, TX 75229-0775 |
| 8 | PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) |
| | OF EXPENDITURE | Accounting/Banking Analysis |
| | | |
| | Date | Payee name |
| | 06/04/2024 | Bank of Texas |
| | Amount (\$) | Payee Address; City; State; Zip |
| | 35.00 | P.O. Box 29775 |
| | - | Dallas, TX 75229-0775 |
| | PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Analysis |