



CSO REC'D
JUL 10 2 10 PM '22

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

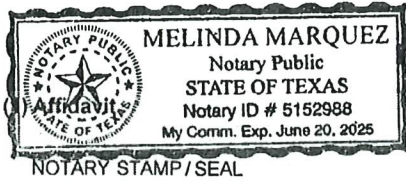
FORM COR-PAC

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 9		OFFICE USE ONLY			
3 COMMITTEE NAME		Together Fort Worth				Date Received	
4 TREASURER NAME		Pam Minick				Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)				Receipt # Amount \$	
6 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year 02 / 22 / 2024 THROUGH 04 / 24 / 2024		Date Processed			
				Date Imaged			

7 EXPLANATION OF CORRECTION
 The previously filed report included a duplicative invoice that was not paid.

8 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. I further affirm that I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest).
 Check ONLY if applicable:
 I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the original report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Dana Stayton
 Signature of Campaign Treasurer Assistant



Please complete either option below:

Sworn to and subscribed before me by Dana Stayton this the 9th day of July, 2024, to certify which, witness my hand and seal of office.
Melinda Marquez Melinda Marquez Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

 Signature of Campaign Treasurer (Declarant)

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

**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	2 Total pages filed: 8	
3 COMMITTEE NAME Together Fort Worth		OFFICE USE ONLY		
		Date Received		
		Date Hand-delivered or Date Postmarked		
		Receipt #	Amount	
		Date Processed		
		Date Imaged		
4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 3451 Fort Worth, TX 76113		
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Pam NICKNAME LAST SUFFIX Minick		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 201 Main Street, Suite 2500 Fort Worth TX 76102		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 3451 Fort Worth TX 76113		
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (817) 878-3595		
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 02/22/2024 04/24/2024		
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 05/04/2024 <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		

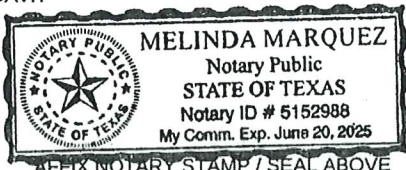
GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Together Fort Worth		13 Filer ID		
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME		
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # A		ELECTION DATE Month Day Year 05/04/2024
		DESCRIPTION City of Fort Worth Proposition A - new venue hotel occupancy tax		
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED		\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 70,551.01	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ 15,000.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 55,455.55	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00	

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Dana Stayton
Signature of Campaign Treasurer Assistant

Sworn to and subscribed before me, by the said Dana Stayton, this the 9th day of July, 2024, to certify which, witness my hand and seal of office.

Melinda Marquez
Signature of officer administering oath

Melinda Marquez
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - SPAC

**FORM SPAC
COVER SHEET PG 3**
3 of 8

17 COMMITTEE NAME Together Fort Worth		18 Filer ID
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 70,500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 51.01
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,000.00
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 44.45
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Together Fort Worth		3 Filer ID
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 100-WF TRT Holdings LLC <hr/> 6 Contributor address; City; State; Zip Code 4001 Maple Avenue, Suite 600 Dallas, TX 75219	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIC Holdings <hr/> Contributor address; City; State; Zip Code 640 Taylor Street, Suite 2400 Fort Worth, TX 76102	Amount of Contribution (\$) \$8,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett Partners Corp. <hr/> Contributor address; City; State; Zip Code 640 Taylor Street, Suite 2323 Fort Worth, TX 76102	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumley, Jon <hr/> Contributor address; City; State; Zip Code 777 Main Street, Suite 3400 Fort Worth, TX 76102	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elements of Architecture Inc. <hr/> Contributor address; City; State; Zip Code 1201 6th Avenue, Suite 100 Fort Worth, TX 76104	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Together Fort Worth		3 Filer ID
4 Date 03/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamtex Industries 6 Contributor address; City; State; Zip Code 2600 Shamrock Avenue Fort Worth, TX 76107	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Real Estate Council Inc. Contributor address; City; State; Zip Code P.O. Box 470474 Fort Worth, TX 76147-0474	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Oak Realty, LLC Contributor address; City; State; Zip Code 500 W. 7th Street Suite 400 Fort Worth, TX 76102	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, James Contributor address; City; State; Zip Code 3009 Simondale Fort Worth, TX 76109	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Higginbotham

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/8	
2 FILER NAME Together Fort Worth		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/27/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CG Group	8 Amount of contribution (\$) \$51.01	9 In-kind contribution description .com domain registration
7 Contributor address; City; State; Zip Code 420 Throckmorton Street Suite 1200 Fort Worth, TX 76102		<input type="checkbox"/> 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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/1 Rpt: 7/8	2 FILER NAME Together Fort Worth	3 Filer ID
4 Date 04/18/2024	5 Payee name Powers Interactive Digital	
6 Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code 920 Swedesford Road Lower Gwynedd, PA 19002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Media Buy
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

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

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 8/8	2 FILER NAME Together Fort Worth	3 Filer ID
4 Date 03/28/2024	5 Payee name Bank of Texas	
6 Amount (\$) 34.45	7 Payee Address; City; State; Zip P.O. Box 29775 Dallas, TX 75229-0775	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Check Order Fee
Date 04/10/2024	Payee name Bank of Texas	
Amount (\$) 10.00	Payee Address; City; State; Zip 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