

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089224	2 Total pages filed: 8			
3 COMMITTEE NAME Texas Economic Fund		OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 04/03/2025</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>				
4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 341016 Austin, TX 78734						
5 CAMPAIGN TREASURER NAME (Residence or Business)	MS / MRS / MR Mr.			FIRST Les	MI	
	NICKNAME #213	LAST Williamson	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1305 W. 11th Street Austin, TX 77008		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; PO Box 9762 C/O SCS Seattle, WA 98109					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (508) 423-3328					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15			<input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED	Month 01/01/2025	Day	Year	Month 03/24/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year 05/03/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

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

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Texas Economic Fund		13 FILER ID (Ethics Commission Filers) 00089224
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 129,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 881.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 129,500.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>Mr. Les Williamson _____ Signature of Campaign Treasurer</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 8

17 COMMITTEE NAME Texas Economic Fund	18 Filer ID (Ethics Commission Filers) 00089224
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
9. <input type="checkbox"/> SCHEDULE E: LOANS	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Texas Economic Fund		3 Filer ID (Ethics Commission Filers) 00089224
4 Date 02/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKEMORE, ALLEN	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77005	
8 Principal occupation / Job title (See Instructions) PRINCIPAL		9 Employer (See Instructions) BLAKEMORE PUBLIC AFFAIRS
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROSS, ED	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKLIN, LARRY	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARTMAN, GORDON	Amount of Contribution (\$) \$50,000.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78233	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNT, WOODY	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code EL PASO, TX 79913	
Principal occupation / Job title (See Instructions) EXECUTIVE CHAIRMAN		Employer (See Instructions) HUNT COMPANIES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8</p>
<p>2 FILER NAME Texas Economic Fund</p>		<p>3 Filer ID (Ethics Commission Filers) 00089224</p>
<p>4 Date 03/14/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKEE, AARON</p>	<p>7 Amount of Contribution (\$) \$10,000.00</p>
	<p>6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209</p>	
<p>8 Principal occupation / Job title (See Instructions) COO</p>		<p>9 Employer (See Instructions) FEDITC LLC</p>
<p>Date 02/26/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOONER, SEAN</p>	<p>Amount of Contribution (\$) \$5,000.00</p>
	<p>Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249</p>	
<p>Principal occupation / Job title (See Instructions) PRESIDENT</p>		<p>Employer (See Instructions) NOONER HOLDINGS</p>
<p>Date 03/14/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHG HOSPITALITY, LTD</p>	<p>Amount of Contribution (\$) \$2,500.00</p>
	<p>Contributor address; City; State; Zip Code BORNE, TX 78006</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 02/26/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLUNSKY, ALLAN</p>	<p>Amount of Contribution (\$) \$10,000.00</p>
	<p>Contributor address; City; State; Zip Code SAN ANTONIO, TX 78257</p>	
<p>Principal occupation / Job title (See Instructions) ATTORNEY</p>		<p>Employer (See Instructions) POLUNSKY BEITEL GREEN, LLP</p>

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION**

SCHEDULE C1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C1: Sch: 1/1 Rpt: 6/8</p>
<p>2 FILER NAME Texas Economic Fund</p>		<p>3 Filer ID (Ethics Commission Filers) 00089224</p>
<p>4 Date 03/21/2025</p>	<p>5 Corporation / Labor Organization name ELITE CASTLE RESOURCES; LLC</p>	<p>7 Amount of contribution (\$) \$5,000.00</p>
	<p>6 Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78248</p>	
<p>Date 03/11/2025</p>	<p>Corporation / Labor Organization name HOMESPRING RESIDENTIAL SERVICES</p>	<p>Amount of contribution (\$) \$3,500.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code SAN ANTONIO, TX 78229</p>	
<p>Date 03/21/2025</p>	<p>Corporation / Labor Organization name LUNA DESIGN ASSOCIATES, INC.</p>	<p>Amount of contribution (\$) \$1,500.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code SAN ANTONIO, TX 78248</p>	
<p>Date 03/05/2025</p>	<p>Corporation / Labor Organization name METROPOLITAN CONTRACTING COMPANY, LLC</p>	<p>Amount of contribution (\$) \$5,000.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code SAN ANTONIO, TX 78216</p>	

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: 1/2 Rpt: 7/8	2 FILER NAME Texas Economic Fund	3 Filer ID (Ethics Commission Filers) 00089224
4 Date 02/24/2025	5 Payee name ANEDOT INC.	
6 Amount (\$) \$200.30	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 03/05/2025	Payee name ANEDOT INC.	
Amount (\$) \$200.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 03/21/2025	Payee name ANEDOT INC.	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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: 2/2 Rpt: 8/8	2 FILER NAME Texas Economic Fund	3 Filer ID (Ethics Commission Filers) 00089224
4 Date 03/18/2025	5 Payee name ANEDOT INC.	
6 Amount (\$) \$40.30	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 03/14/2025	Payee name ANEDOT INC.	
Amount (\$) \$400.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held