FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084581 3 COMMITTEE NAME **OFFICE USE ONLY Texas Conservatives** Date Received **ELECTRONICALLY FILED** 01/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5000 Eldorado Parkway Date Hand-delivered or Date Postmarked Suite 150-103 X Change of Address Frisco, TX 75033 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Bri NAME NICKNAME LAST **SUFFIX** Loftis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2620 Pin Oak Ln. STREET **ADDRESS** (Residence or Business) Plano, TX 75075 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5000 El Dorado Parkway, Suite 150-103 MAILING **ADDRESS** Frisco, TX 75033 X Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 583-2193 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|-----------------|----------------------------|
| Texas Conservatives | | | 00084581 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 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 | PLEDGES, LOANS, CONTRIBUTIONS M check here if this report | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 3,289.50 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 1,851.34 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTING | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 11,467.12 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | <u>'</u> | | · | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | |
| | | Ms. B | ri Loftis | |
| | | Signature of Ca | mpaign Treasu | irer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | before me, by the said | , tl | his the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of office | cer administering oath |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | | 3 of 23 |
|--------------|----------|---|--------------|--------------------|-----------|
| 17 CO | MMITTE | EE NAME | 18 Filer ID | (Ethics Commission | n Filers) |
| Tex | kas Coi | nservatives | 00084581 | • | ŕ |
| 10 50 | HEDIIII | E SUBTOTALS | | I | |
| l | | SCHEDULE | | SUBTOTAL A | MOUNT |
| | VIL 01 . | | | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 3,289.50 |
| | | | | | -, |
| , | | SCHEDULE 42: MONI MONETARY (IN KIND) DOLITICAL CONTRIBUTIONS | | | |
| 2. | Ш | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| | | | | | |
| 3. | Ш | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| | | | _ | | |
| 4. | П | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | PR | \$ | |
| | | ONO WILL WHO IV | | | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA | ATION OR | | |
| | Ш | LABOR ORGANIZATION | | ا ا | |
| _ | | | | | |
| 6. | Ш | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | |
| | | COLUED HIS CALL NON MONETARY CURRORT FROM CORRORATION OR LARGE | | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| | | | | | |
| 8. | П | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | |
| | ш | | | * | |
| | | COLIEDINE E. LOANC | | | |
| 9. | Ш | SCHEDULE E: LOANS | | \$ | |
| | | | | | |
| 10. | Χ | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | 5 | \$ | 1,851.34 |
| | | | | | |
| 11. | П | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| | | | | <u> </u> | |
| 12. | П | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | | |
| | Ш | CONTENSE TO THE PROPERTY OF THE CONTENSE CONTINUES IN | 3110 | ٦ | |
| | | | | | |
| 13. | Ш | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| | | | | | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| | | | | | |
| 15. | П | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | 10 FILER | | | |
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| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|----------------------------------|---|------------------------------|----------|--|-----------|--|
| | The Instruc | etion Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/8 Rpt: 4/23 | | |
| 2 | FILER NAME Texas Conse | rvatives | | 3 | Filer ID (Ethics Commission 00084581 | n Filers) | |
| 4 | Date 12/21/2023 | | | 7 | Amount of Contribution (\$) | \$750.00 | |
| _ | | Arlington , TX 76016 | | | | | |
| 8 | Principal occup Substitute Te | pation / Job title (See Instructions) eacher | 9 Employer (See Instructions | 5) | | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:_Blachowski, Aileen (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$11.00 | |
| | Principal occur | Prosper, TX 75078 pation / Job title (See Instructions) | Employer (See Instructions | _ | | | |
| | Architect | valion / Job title (See instructions) | Employer (See instructions | ') | | | |
| | Date 12/07/2023 | Full name of contributor out-of-state PAC (ID#:_Block, Linda Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$99.00 | |
| | | Dallas, TX 75252 | | | | | |
| | Principal occu Retired | oation / Job title (See Instructions) | Employer (See Instructions | <u>,</u> | | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:_ Bryant, Diana (Ms.) Contributor address; City; State; Zip Code Dallas, TX 75218 | | | Amount of Contribution (\$) | \$21.50 | |
| | Principal occu Retired | oation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:_Buell, Gretchen (Ms.) Contributor address; City; State; Zip Code Denton, TX 76208 | | | Amount of Contribution (\$) | \$11.00 | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | () | | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULI | EDULE A1 | |
|---|----------------------------------|--|-------------------------|------------------------------|----------|--|-----------|--|
| | The Instruc | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 2/8 Rpt: 5/23 | | |
| 2 | FILER NAME Texas Conse | ervatives | | | 3 | Filer ID (Ethics Commission 00084581 | ı Filers) | |
| 4 | Date 12/07/2023 | 5 Full name of contributor Christenson, Susan (Ms.)6 Contributor address; City; St. | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | \$99.00 | |
| _ | | Plano, TX 75023 | | | <u> </u> | | | |
| 8 | Mortgage Co | pation / Job title (See Instructions pnsultant |) | 9 Employer (See Instructions | 5) | | | |
| | Date 07/06/2023 | Full name of contributor Cobb, Tom (Mr.) Contributor address; City; St | | | • | Amount of Contribution (\$) | \$99.00 | |
| | | Colleyville, TX 76034 | | | Ĺ | | | |
| | Commerical | pation / Job title (See Instructions real estate |) | Employer (See Instructions | 5) | | | |
| | Date 12/04/2023 | Full name of contributor Costa, Vickie (Ms.) Contributor address; City; St. | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$99.00 | |
| | | Frisco, TX 75035 | | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions | | Employer (See Instructions | 5) | | | |
| | Date 08/07/2023 | Full name of contributor De la Cruz, Jose (Mr.) Contributor address; City; St. McKinney, TX 75072 | |) | • | Amount of Contribution (\$) | \$99.00 | |
| | Principal occu Architect | pation / Job title (See Instructions | | Employer (See Instructions | 5) | | | |
| | Date 12/05/2023 | Full name of contributor Gibbons, Patrick (Mr.) Contributor address; City; St | | | | Amount of Contribution (\$) | \$99.00 | |
| | Principal occu Retired | pation / Job title (See Instructions | | Employer (See Instructions | 5) | | | |
| | | | - | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | | SCHEDULE A | | |
|---|--------------------------------|--|------------------------------|------------|--|---------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 3/8 Rpt: 6/23 | |
| 2 | FILER NAME Texas Conse | ervatives | | 3 | Filer ID (Ethics Commission 00084581 | Filers) |
| 4 | Date 12/07/2023 | | | 7 | Amount of Contribution (\$) | \$99.00 |
| | | Frisco, TX 75033 | | | | |
| 8 | Principal occu Engineer | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 12/07/2023 | Full name of contributor out-of-state PAC (ID#: Gutierrez, Anthony (Mr.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$99.00 |
| | Dringing aggr | McKinney, TX 75072 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Sales | oation / Job title (See instructions) | Employer (See Instructions |) | | |
| | Date 12/04/2023 | Full name of contributor out-of-state PAC (ID#: Heffelfinger, Laura (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$11.00 |
| | | Cresson, TX 76035 | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 11/03/2023 | Full name of contributor out-of-state PAC (ID#:_ James, Elizabeth (Ms.) Contributor address; City; State; Zip Code Anna, TX 75409 |) | | Amount of Contribution (\$) | \$99.00 |
| | Principal occu Pharmacist | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/07/2023 | Full name of contributor out-of-state PAC (ID#:_Kerr, Christine (Ms.) Contributor address; City; State; Zip Code Plano, TX 75023 |) | | Amount of Contribution (\$) | \$99.00 |
| | Principal occu Self-employe | oation / Job title (See Instructions) d | Employer (See Instructions |) | | |
| | | - | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | | SCHEDULE | JLE A1 | |
|---|--|--|----------------------------|-----------------------------|--|---------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 4/8 Rpt: 7/23 | |
| 2 | FILER NAME Texas Conse | ervatives | | 3 | Filer ID (Ethics Commission 00084581 | Filers) |
| 4 | Date 12/07/2023 5 Full name of contributor out-of-state PAC (ID#:) Kollar, Will (Mr.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$99.00 | |
| | | Frisco, TX 75036 | | | | |
| 8 | Principal occu _l Owner | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 11/03/2023 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$99.00 |
| | Principal occu Self-employe | McKinney, TX 75070 Dation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/08/2023 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$99.00 |
| | Principal occu | Abilene, TX 79605 pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 09/27/2023 | Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$99.00 |
| | Principal occu Principal Cor | Trophy Club, TX 76262 pation / Job title (See Instructions) asultant | Employer (See Instructions | 5) | | |
| | Date 12/06/2023 | Full name of contributor out-of-state PAC (ID#: Paasch, Melody (Ms.) Contributor address; City; State; Zip Code Frisco, TX 75034 | | | Amount of Contribution (\$) | \$99.00 |
| | Principal occu Minister | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
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| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULI | SCHEDULE A1 | |
|---|---|---|--|-----------------------------|--|-------------|--|
| | The Instruc | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 5/8 Rpt: 8/23 | | |
| 2 | FILER NAME Texas Conse | ervatives | | 3 | Filer ID (Ethics Commission 00084581 | ı Filers) | |
| 4 | Date 12/05/2023 5 Full name of contributor out-of-state PAC (ID#:) Potts, Ruth (Ms.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$11.00 | | |
| _ | Delicalization | Ft Worth, TX 76117 | To Fundament (October American | | | | |
| 8 | Realtor | pation / Job title (See Instructions) | 9 Employer (See Instructions | S) | | | |
| | Date 12/06/2023 | Contributor address; City; State; Zip Code | <u>; </u> | | Amount of Contribution (\$) | \$99.00 | |
| | Principal occu | Allen, TX 75013 pation / Job title (See Instructions) | Employer (See Instructions | s) | | | |
| | Retired | , | | <u></u> | | | |
| | Date 12/05/2023 | Full name of contributor uut-of-state PAC (ID# Roettele, Karen (Ms.) Contributor address; City; State; Zip Code | <i>#</i> :) | • | Amount of Contribution (\$) | \$11.00 | |
| | | Allen, TX 75013 | | | | | |
| | Principal occu Retired | oation / Job title (See Instructions) | Employer (See Instructions | s) | | | |
| | Date 12/14/2023 | Full name of contributor out-of-state PAC (IDF) Rumsfield, Mike (Mr.) Contributor address; City; State; Zip Code McKinney, TX 75071 | <i>t</i> :) | | Amount of Contribution (\$) | \$99.00 | |
| | Principal occu Constable | oation / Job title (See Instructions) | Employer (See Instructions | s) | | | |
| | Date 11/15/2023 | Full name of contributor out-of-state PAC (ID# Schafer-Junger, Karl (Mr.) Contributor address; City; State; Zip Code Frisco, TX 75035 | ÷:) | | Amount of Contribution (\$) | \$99.00 | |
| | Principal occu Realtor | oation / Job title (See Instructions) | Employer (See Instructions | s) | | | |
| | | | • | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE | ■ A1 |
|---|----------------------------------|--|------------------------------|----------|--|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 6/8 Rpt: 9/23 | |
| 2 | FILER NAME Texas Conse | ervatives | | 3 | Filer ID (Ethics Commission 00084581 | Filers) |
| 4 | Date 12/04/2023 | | | 7 | Amount of Contribution (\$) | \$99.00 |
| | | Frisco, TX 75034 | | | | |
| 8 | Principal occu Investments | pation / Job title (See Instructions) | 9 Employer (See Instructions | i) | | |
| | Date 12/07/2023 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$99.00 |
| | Principal occu | Frisco, TX 75033 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Sr. Transition | n Manager | | | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#: Tinsley-Stout, Kristen (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$11.00 |
| | | Prosper, TX 75078 | | | | |
| | Principal occu Realtor | pation / Job title (See Instructions) | Employer (See Instructions | () | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#: Traeger, Lori (Ms.) Contributor address; City; State; Zip Code Weatherford, TX 76087 |) | | Amount of Contribution (\$) | \$11.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 12/07/2023 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$99.00 |
| | Principal occu Professional | oation / Job title (See Instructions) Organizer | Employer (See Instructions | <u> </u> | | |
| | | 3 | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE | . е А1 | |
|---|-----------------------------------|---|------------------------------|-----------------------------|---|---------------|--|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 7/8 Rpt: 10/23 | | |
| 2 | FILER NAME Texas Conse | ervatives | | 3 | Filer ID (Ethics Commission 00084581 | Filers) | |
| 4 | Date 5 Full name of contributor | | 7 | Amount of Contribution (\$) | \$11.00 | | |
| | | Frisco, TX 75035 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | i) | | | |
| | Date 10/18/2023 | Full name of contributor out-of-state PAC (ID#:_ Whitt, Maggie (Ms.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$99.00 | |
| | Principal occur | Murphy, TX 75094 pation / Job title (See Instructions) | Employer (See Instructions | | | | |
| | Retired | oation / Job title (See matractions) | Employer (See Instructions | ') | | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:_ Williamson , Ken Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$11.00 | |
| | | Allen, TX 75013 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 12/06/2023 | Full name of contributor out-of-state PAC (ID#:_Williamson , Nicole (Mrs.) Contributor address; City; State; Zip Code Allen, TX 75013 | | | Amount of Contribution (\$) | \$99.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | | |
| | Date 12/05/2023 | Full name of contributor out-of-state PAC (ID#:_ Wilson, Rebecca (Mrs.) Contributor address; City; State; Zip Code Frisco, TX 75033 | | | Amount of Contribution (\$) | \$21.50 | |
| | Principal occu Project Mana | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | | |
| | . reject mark | .9~. | | | | | |

| MONET | TARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|-----------------------------|--|---|
| The Instru | action Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/23 |
| 2 FILER NAME Texas Cons | | 3 Filer ID (Ethics Commission Filers) 00084581 |
| 4 Date 12/06/2023 | 5 Full name of contributor | 7 Amount of Contribution (\$) \$21.50 |
| | Denison, TX 75021 | |
| 8 Principal occu Retired | upation / Job title (See Instructions) 9 Em | ployer (See Instructions) |
| Date 12/06/2023 | Full name of contributor out-of-state PAC (ID#: |) Amount of Contribution (\$) \$99.00 |
| Principal occu | Ravenna, TX 75476 upation / Job title (See Instructions) Em | ployer (See Instructions) |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I 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 (Ethics Commission Filers) | _ |
| Sch: 1/12 Rpt: 12/23 | Texas Conservatives 00084581 | |
| 4 Date | 5 Payee name | |
| 09/19/2023 | Burden, Brandon | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$227.22 | 5000 Eldorado Parkway | |
| Evpanditure from | Suite 150-129 | |
| Expenditure from corporate funds | Frisco, TX 75033 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Reimbursement for Protonmail Renewal Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Reimbursement for Protonmail Renewal | |
| | | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held | |
| Date | Payee name | = |
| 07/02/2023 | Click4Corp LLC | |
| Amount (\$) | Payee address; City; State; Zip Code | _ |
| \$50.00 | 1151 Richardson Ct | |
| · | | |
| Expenditure from corporate funds | Allen, TX 75002 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Website Hosting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Website Hosing | |
| | Wester Hearing | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| Date | Payee name | = |
| 08/03/2023 | Click4Corp LLC | |
| | · · · · · · · · · · · · · · · · · · · | _ |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 1151 Richardson Ct | |
| Φ50.00 | 1151 Richardson Ct | |
| Expenditure from corporate funds | Allen, TX 75002 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Website Hosting Check if travel outside of Texas. Complete Schedule T. | |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | Website Hosting | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | |
| | | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/N The Instruction Guide explains how to co | | S/Contract Labor OTHER (enter a category not listed above) ete this form. |
|--|---|-------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/12 Rpt: 13/23 | Texas Conservatives | | 00084581 |
| 4 Date | 5 Payee name | | |
| 09/13/2023 | Click4Corp LLC | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode | |
| \$52.50 | 1151 Richardson Ct | | |
| | | | |
| Expenditure from corporate funds | Allen, TX 75002 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| OF EXPENDITURE | Website Hosting | | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Website Hosting |
| | | | Website Hosting |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | ıaht | Office held |
| expenditure to benefit C/Ol | | igiit | Office field |
| Data | | | |
| Date | Payee name | | |
| 10/07/2023 | Click4Corp LLC | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | |
| \$50.00 | 1151 Richardson Ct | | |
| Expenditure from | | | |
| corporate funds | Allen, TX 75002 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| OF EXPENDITURE | Website Hosting | | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense |
| | | | Website Hosting |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ıaht | Office held |
| expenditure to benefit C/O | | ignt | Office field |
| | T _ | | |
| Date | Payee name | | |
| 11/03/2023 | Click4Corp LLC | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | |
| \$50.00 | 1151 Richardson Ct | | |
| Expenditure from | | | |
| corporate funds | Allen, TX 75002 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| OF EXPENDITURE | Website Hosting | | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Website Hosting |
| | | | website i losting |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | laht | Office held |
| expenditure to benefit C/O | | agrit | Office field |
| | | | |
| | | | |
| | | | |

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | |
|--|---|-----------------|--|-----|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission File | rs) |
| Sch: 3/12 Rpt: 14/23 | Texas Conservatives | | 00084581 | |
| 4 Date | 5 Payee name | | | |
| 12/04/2023 | Click4Corp LLC | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de | | |
| \$50.00 | 1151 Richardson Ct | | | |
| | | | | |
| Expenditure from corporate funds | Allen, TX 75002 | | | |
| 8 PURPOSE | | (b) Description | n | |
| OF | (a) Category (See Categories listed at the top of this schedule) Website Hosting | | travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Website Hosting | Check if | Austin, TX, officeholder living expense | |
| | | Website | Hosting | |
| | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office held | |
| expenditure to benefit C/O | 1 | | | |
| Date | Payee name | | | |
| 08/21/2023 | Extexting.com | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | | |
| \$26.65 | 1410 Second St STE 200 | | | |
| | | | | |
| Expenditure from corporate funds | Santa Monica, CA 90406 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | n | |
| OF EXPENDITURE | Event Expense | | travel outside of Texas. Complete Schedule T. | |
| | | | Austin, TX, officeholder living expense its for Meetings and Events | |
| | | 141033 107 | is for Meetings and Events | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | aht | Office held | |
| expenditure to benefit C/O | | 9 | 000 1.0.0 | |
| Date | Payes name | | | |
| 07/19/2023 | Payee name Eztexting.com | | | |
| | - | d a | | |
| Amount (\$) | Payee address; City; State; Zip Co | ue | | |
| \$26.65 | 1410 Second St STE 200 | | | |
| Expenditure from | | | | |
| corporate funds | Santa Monica, CA 90406 | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| EXPENDITURE | Event Expense | | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | |
| | | | tts for Meetings and Events | |
| | | | 5 | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office held | |
| | expenditure to benefit C/OH | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I 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 (Ethics Commission Filers) | |
| Sch: 4/12 Rpt: 15/23 | Texas Conservatives 00084581 | |
| 4 Date | 5 Payee name | |
| 09/19/2023 | Eztexting.com | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$26.65 | 1410 Second St STE 200 | |
| | | |
| Expenditure from corporate funds | Santa Monica, CA 90406 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Mass texts for Meetings and Events | |
| | Mass texts for Meetings and Events | |
| O Complete ONE VIII I | Condidate/Officeholder name | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| , | | |
| Date | Payee name | |
| 10/19/2023 | Eztexting.com | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$26.65 | 1410 Second St STE 200 | |
| | | |
| Expenditure from corporate funds | Santa Monica, CA 90406 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | Mass texts for Meetings and Events | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experiulture to benefit C/OI | 1 | |
| Date | Payee name | |
| 11/20/2023 | Eztexting.com | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$26.65 | 1410 Second St STE 200 | |
| + ==:: 0 | | |
| Expenditure from corporate funds | Santa Monica, CA 90406 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Mass texts for Meetings and Events | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OH | | |
| | | |
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| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | |
|--|--|--|--|
| 1 Total manua Cabadula F1. | 2 Filey ID (Ethica Commission Fileys) | | |
| 1 Total pages Schedule F1: Sch: 5/12 Rpt: 16/23 | 2 FILER NAME Texas Conservatives 3 Filer ID (Ethics Commission Filers) 00084581 | | |
| 4 Date | 5 Payee name | | |
| 12/19/2023 | Eztexting.com | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$26.65 | 1410 Second St STE 200 | | |
| | | | |
| Expenditure from | Santa Monica, CA 90406 | | |
| corporate funds | Santa Monica, CA 90400 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | | |
| | Check if Austin, TX, officeholder living expense | | |
| | Mass texts for Meetings and Events | | |
| | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| Date | Payee name | | |
| 07/26/2023 | FreshBooks | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| ` ' | | | |
| \$632.02 | 1655 Dupont St STE 250 | | |
| Expenditure from | | | |
| corporate funds | Toronto Ontario M6P3T1 Canada | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | Accounting softward Expense | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OI | | | |
| Date | Payee name | | |
| 10/31/2023 | Go Daddy | | |
| | 1 | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$27.16 | 14455 Hayden Road | | |
| | | | |
| Expenditure from corporate funds | Scottsdale, AZ 85260 | | |
| PURPOSE | 1 | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Domain Name (b) Description Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Domain Name Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | Annual Renewal for Domain name for NTX | | |
| | Conservatives | | |
| Occupation Objective " | Open Middate (Office the Idea agree) | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| experience to belief C/OI | , | | |
| | | | |
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SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | - | | ges/Contract Labor | OTHER (enter a category not listed | l above) |
|---|-----------------------------------|----------------------------------|--------------------|---|----------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Comm | ission Filers) |
| Sch: 6/12 Rpt: 17/23 | Texas Conservatives 00084581 | | | | |
| 4 Date | 5 Payee name | | | | |
| 07/05/2023 | MailChimp | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Coo | е | | |
| \$55.70 | 675 Ponce De Leon Av | enue, Northeast | | | |
| | Suite 5000 | | | | |
| Expenditure from corporate funds | Atlanta, GA 30308 | | | | |
| 8 PURPOSE OF | (a) Category (See Categories list | ed at the top of this schedule) | b) Description | | |
| EXPENDITURE | Advertising Expense | | | outside of Texas. Complete Schedule T., TX, officeholder living expense | |
| | | | Email Market | | |
| | | | Email Market | 9 | |
| 9 Complete ONLY if direct | Candidate/Officeholder nar | ne Office soug | ht | Office held | |
| expenditure to benefit C/OI | 1 | | | | |
| Date | Payee name | | | | |
| 08/05/2023 | MailChimp | | | | |
| Amount (\$) | Payee address; City; | State; Zip Coo | e | | |
| \$55.70 | 675 Ponce De Leon Av | enue, Northeast | | | |
| | Suite 5000 | | | | |
| Expenditure from corporate funds | Atlanta, GA 30308 | | | | |
| PURPOSE | (a) Category (See Categories list | ed at the top of this schedule) | b) Description | | |
| OF EXPENDITURE | Advertising Expense | | <u>—</u> | outside of Texas. Complete Schedule T. | |
| EXI ENDITORE | | | ш | , TX, officeholder living expense | |
| | | | Email Market | ing | |
| Complete ONLY if direct | Candidate/Officeholder nar | ne Office soud | ht | Office held | |
| expenditure to benefit C/O | | ie Office soug | iit. | Office field | |
| Date | Payee name | | | | |
| 09/05/2023 | MailChimp | | | | |
| Amount (\$) | Payee address; City; | State; Zip Cod | e | | |
| \$55.70 | 675 Ponce De Leon Av | enue, Northeast | | | |
| | Suite 5000 | | | | |
| Expenditure from corporate funds | Atlanta, GA 30308 | | | | |
| PURPOSE | (a) Category (See Categories list | ed at the ton of this schedule) | b) Description | | |
| OF | Advertising Expense | ou at the top of this soliculary | | outside of Texas. Complete Schedule T. | |
| EXPENDITURE | - 3 | | ш | , TX, officeholder living expense | |
| | | | Email Market | ring | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder nar | ne Office soug | ht | Office held | |
| , | | | | | |
| | | | | | |
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SCHEDULE F1

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

Event Expense 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

| Credit Card Payment The Instruction Guide explains how to complete this form. | | | |
|---|--|--|--|
| 1 Total pages Schedule F1: Sch: 7/12 Rpt: 18/23 | | ler ID (Ethics Commission Filers) 0084581 | |
| 4 Date 10/05/2023 | 5 Payee name MailChimp | | |
| 6 Amount (\$) \$55.70 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE | Suite 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside | of Texas. Complete Schedule T. iceholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought DH | Office held | |
| Date 11/05/2023 | Payee name MailChimp | | |
| Amount (\$) \$55.70 Expenditure from corporate funds PURPOSE OF EXPENDITURE | Suite 5000 Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside in the control of this schedule in the control of the contro | of Texas. Complete Schedule T. iceholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought OH | Office held | |
| Date 12/05/2023 | Payee name MailChimp | | |
| Amount (\$) \$61.56 Expenditure from corporate funds | Payee address; City; State; Zip Code 675 Ponce De Leon Avenue, Northeast Suite 5000 Atlanta, GA 30308 | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | of Texas. Complete Schedule T. iceholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought DH | Office held | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica 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 (Ethics Commission Filers) | | |
| Sch: 8/12 Rpt: 19/23 | Texas Conservatives 00084581 | | |
| 4 Date | 5 Payee name | | |
| 07/27/2023 | Signupgenius | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$11.99 | 13777 Ballantyne Corporate Place, Suite 500C | | |
| Expenditure from | | | |
| corporate funds | Charlotte, NC 28277 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | | |
| | Check if Austin, TX, officeholder living expense | | |
| | RSVP's for Meetings | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/O | | | |
| Data | | | |
| Date | Payee name | | |
| 08/29/2023 | Signupgenius | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$11.99 | \$11.99 13777 Ballantyne Corporate Place, Suite 500C | | |
| Evanaditura from | | | |
| Expenditure from corporate funds | Charlotte, NC 28277 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Event Expense | | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | | |
| | RSVP's for Meetings | | |
| | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| experientare to benefit ere. | | | |
| Date | Payee name | | |
| 09/27/2023 | Signupgenius | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$11.99 | 13777 Ballantyne Corporate Place, Suite 500C | | |
| Evponditure from | | | |
| Expenditure from corporate funds | Charlotte, NC 28277 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | RSVP's for Meetings | | |
| | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | |
| 5.ps.na.a.s to 25.ls.n. 5/5/1 | | | |
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SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I 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 (Ethics Commission Filers) | | |
| Sch: 9/12 Rpt: 20/23 | Texas Conservatives 00084581 | | |
| 4 Date | 5 Payee name | | |
| 10/27/2023 | Signupgenius | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$11.99 | 13777 Ballantyne Corporate Place, Suite 500C | | |
| - Evpanditura from | | | |
| Expenditure from corporate funds | Charlotte, NC 28277 | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | RSVP's for Meetings | | |
| | NOVI 3 to Meetings | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OI | | | |
| Date | Payee name | | |
| 11/27/2023 | Signupgenius | | |
| | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$11.99 | 13777 Ballantyne Corporate Place, Suite 500C | | |
| Expenditure from | | | |
| corporate funds | Charlotte, NC 28277 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | | |
| | Check if Austin, TX, officeholder living expense RSVP's for Meetings | | |
| | NOVE S for Meetings | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OI | | | |
| D-4- | | | |
| Date | Payee name | | |
| 12/27/2023 | Signupgenius | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$11.99 | 13777 Ballantyne Corporate Place, Suite 500C | | |
| Expenditure from | | | |
| corporate funds | Charlotte, NC 28277 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Event Expense | | |
| Di Libilone | Check if Austin, TX, officeholder living expense | | |
| | RSVP's for Meetings | | |
| Complete ONII V & direct | Condidate/Officeholder name | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| | | | |
| | | | |
| | | | |

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | |
|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 10/12 Rpt: 21/23 | Texas Conservatives | 00084581 | | |
| 4 Date | 5 Payee name | • | | |
| 12/07/2023 | Signupgenius | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | е | | |
| \$14.50 | 13777 Ballantyne Corporate Place, Suite 500C | | | |
| Expenditure from | | | | |
| corporate funds | Charlotte, NC 28277 | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | b) Description | | |
| OF EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. | | |
| | | Check if Austin, TX, officeholder living expense RsVPs for Meetings | | |
| | | 101 of the cango | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held | | |
| expenditure to benefit C/O | | | | |
| Date | Payee name | | | |
| 07/06/2023 | Square | | | |
| Amount (\$) | Payee address; City; State; Zip Code | e | | |
| \$3.17 | 1455 Market Street | | | |
| | Suite 600 | | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | | | |
| PURPOSE | (5) 6 | b) Description | | |
| OF | (a) Category (See Categories listed at the top of this schedule) | Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | . 333 | Check if Austin, TX, officeholder living expense | | |
| | | Fees charged | | |
| | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | nt Office held | | |
| | | | | |
| Date | Payee name | | | |
| 08/07/2023 | Square | | | |
| Amount (\$) | Payee address; City; State; Zip Code | e | | |
| \$3.17 | 1455 Market Street | | | |
| Expenditure from | Suite 600 | | | |
| corporate funds | San Francisco, CA 94103 | | | |
| PURPOSE OF | , | b) Description | | |
| EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | | Fees charged | | |
| | | · · | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held | | |
| expenditure to benefit C/OH | | | | |
| | | | | |
| | | | | |
| | | | | |

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to co | mplete this form. | |
|---|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 11/12 Rpt: 22/23 | Texas Conservatives | 00084581 | |
| 4 Date | 5 Payee name | | |
| 09/27/2023 | Square | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de | |
| \$3.17 | 1455 Market Street | | |
| | Suite 600 | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| OF EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Fees charged | |
| | | 1 ccs onarged | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held | |
| expenditure to benefit C/OI | | grit Office field | |
| D-1- | | | |
| Date | Payee name | | |
| 10/18/2023 | Square | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | |
| \$3.17 | 1455 Market Street | | |
| Evpanditure from | Suite 600 | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| OF EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. | |
| LA LIDITORE | | Check if Austin, TX, officeholder living expense | |
| | | Fees charged | |
| ONLY Maline of | 5 "11 10" 11 11 10" | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sould | ght Office held | |
| ' | | | |
| Date | Payee name | | |
| 11/15/2023 | Square | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | |
| \$11.16 | 1455 Market Street | | |
| | Suite 600 | | |
| X Expenditure from corporate funds | San Francisco, CA 94103 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| OF | Fees | Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | . 655 | Check if Austin, TX, officeholder living expense | |
| | | Fees charged | |
| | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | |
| expenditure to benefit C/OI | 1 | | |
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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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Waq The Instruction Guide explains how to com | ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above) |
|---|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 12/12 Rpt: 23/23 | Texas Conservatives | 00084581 |
| 4 | Date | Payee name | |
| | 12/21/2023 | Square | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | е |
| l | \$52.20 | 1455 Market Street | |
| l | | Suite 600 | |
| ╓ | Expenditure from | San Francisco, CA 94103 | |
| ഥ | corporate funds | | |
| 8 | PURPOSE OF | , | Description |
| l | EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. |
| l | | | Check if Austin, TX, officeholder living expense Fees charged |
| l | | | rees charged |
| _ | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | nt Office held |
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