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) 00064956 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Consumer Lenders PAC Date Received **ELECTRONICALLY FILED** 01/11/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 8801 Ambassador Row Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75247 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. C. Dan NAME NICKNAME LAST **SUFFIX** Adams STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 8801 Ambassador Row STREET **ADDRESS** (Residence or Business) Dallas, TX 75247 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 84 Villa Road MAILING **ADDRESS** Greenville, SC 29615 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (864) 672-8400 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 χ Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

COMMITTEE NAME				(Ethics Commission Filers)
Texas Consumer Lend	ers PAC		00064956	
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.)	Rep. Hugh Shine State Repres	sentative	
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	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)	\$	29,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	30,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	327.12
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. C. Da	an Adams	
		Signature of Car	npaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	is the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	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			
		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.)		Sen. Charles Schwertner State	Senator	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		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.)		Sen. Donna Campbell State Ser	nator	
	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			
		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.)		Sen. Brandon Creighton State S	Senator	

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	COMMITTEE ACTIVITY	1. 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			
		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.)		Rep. Briscoe Cain State Repres	entative	
	COMMITTEE	1. Candidates	A. Supported			-
	ACTIVITY	(Identify by name or, if				
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		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.)		Rep. Caroline Harris State Repr	esentative	
	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			
		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.)		Rep. Federick Frazier State Rep	presentative	

FORM GPAC ADDENDUM

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COMMITTEE NAME Fexas Consumer Lende COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		13 Filer ID (Ethics Commission Filers) 00064956
COMMITTEE ACTIVITY Attach lists on plain paper to complete this	Candidates (Identify by name or, if			00064956
ACTIVITY Attach lists on plain paper to complete this	(Identify by name or, if			
paper to complete this				
		B. Opposed		
	Measures (Describe by date and	A. Supported		
	location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Giovanni Capriglione State	Representative
COMMITTEE				
ACTIVITY	(Identify by name or, if			
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted		Rep. Glenn Rogers State Repre	sentative
	(Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if		Rep. Kronda Thimesch State Re	presentative
	Attach lists on plain aper to complete this eport if necessary.) COMMITTEE COTIVITY Attach lists on plain aper to complete this	(Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	(Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY Attach lists on plain apper to complete this apper to complete this apport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	(Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DOMMITTEE (CTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DOMMITTEE (CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DOMMITTEE (CTIVITY Attach lists on plain apper to complete this eport if necessary.) B. Opposed B. Opposed

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	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			
		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.)		Rep. Mano DeAyala State Repr	esentative	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY		A. Supported			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if		Rep. Oscar Longoria State Rep	resentative	
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. 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			
		2. Measures	A. Supported			
		(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.)		Rep. Ryan Guillen State Repres	sentative	
		1	l			

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PAC Candidates dentify by name or, if pplicable, classify by party.) Measures Describe by date and cation of election and	A. Supported B. Opposed A. Supported		13 Filer ID 00064956	(Ethics Commission Filers)
Candidates dentify by name or, if oplicable, classify by party.) Measures describe by date and cation of election and	B. Opposed		00064956	
dentify by name or, if oplicable, classify by party.) . Measures Describe by date and cation of election and	B. Opposed			
Describe by date and cation of election and				
Describe by date and cation of election and	Δ Supported			
ature of issue.)	A. Supported			
	B. Opposed			
. Officeholders Assisted dentify by name or, if oplicable, classify by party.)		Rep. Salman Bhojani State Rep	resentative	
. Candidates	A. Supported			
dentify by name or, if oplicable, classify by party.)				
	B. Opposed			
. Measures bescribe by date and cation of election and ature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted dentify by name or, if		Rep. Sam Harless State Repres	entative	
dentify by name or, if oplicable, classify by party.)	A. Supported			
	B. Opposed			
. Measures bescribe by date and cation of election and atture of issue.)	A. Supported			
	B. Opposed			
. Officeholders Assisted dentify by name or, if oplicable, classify by party.)		Sen. Tan Parker State Senator		
de cat	Officeholders Assisted entify by name or, if elicable, classify by party.) Candidates entify by name or, if elicable, classify by party.) Measures escribe by date and ation of election and ure of issue.) Officeholders Assisted	Officeholders Assisted entify by name or, if elicable, classify by party.) Candidates entify by name or, if elicable, classify by party.) B. Opposed Measures escribe by date and ation of election and ure of issue.) Officeholders Assisted	Deficeholders Assisted Entify by name or, if Deficiable, classify by party.) A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed Measures Secribe by date and ation of election and ture of issue.) B. Opposed A. Supported Sentify by name or, if all and ation of election and ture of issue.) B. Opposed Sen. Tan Parker State Senator Sen. Tan Parker State Senator	Deficeholders Assisted entify by name or, if elicable, classify by party.) Candidates entify by name or, if elicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Secribe by date and ation of election and ure of issue.) B. Opposed Sen. Tan Parker State Senator Assisted entify by name or, if

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

PURPUSE					D 0 -f 10
					Page 8 of 16
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Consumer Lende	ers PAC			00064956	
14 COMMITTEE ACTIVITY	1. 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			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	1	B. Opposed			
	Officeholders Assisted		Rep. Terri Leo-Wilson State Rep	presentative	
	(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			9 of 16
17 COMMITTEE N Texas Consur	NAME mer Lenders PAC	18 Filer ID 00064956	(Ethics Commission Filers)
19 SCHEDULE SU NAME OF SCH			SUBTOTAL AMOUNT
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 29,750.00
2. SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$
	CHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABORGANIZATION)R	\$
	CHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA BOR ORGANIZATION	ATION OR	\$
6. SC	CHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
	CHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR RGANIZATION		\$
8. SC	CHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SC	CHEDULE E: LOANS		\$
10. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 30,000.00
11. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 10/16	_
2	FILER NAME Texas Consu	umer Lenders PAC		3	Filer ID (Ethics Commission Filers) 00064956	
4	Date 08/25/2023	5 Full name of contributor out-of-state PAC (ID#:) Adams, C Dan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.0	0
_	Daine in all a con-	Greenville, SC 29615	O Faralassa (Octobration)			_
8	Principal occu President	pation / Job title (See Instructions)	9 Employer (See Instructions The Capital Corporation			
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_Adams, C Dan (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$13,500.0	0
		Greenville, SC 29615				_
			Employer (See Instructions The Capital Corporation			
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_ Brunner, Priscilla Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$6,875.0	0
		Dayton, OH 45419				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions DRKE LLC)		
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_Schear, Lee Contributor address; City; State; Zip Code Dayton, OH 45419)		Amount of Contribution (\$) \$6,875.0	0
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Schear Financial Service			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/6 Rpt: 11/16	Texas Consumer Lenders PAC 00064956					
4 Date	5 Payee name					
12/06/2023	Brandon Creighton Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$2,500.00	2257 N. Loop 336 W					
— Forestitus from	Suite 410.336					
Expenditure from corporate funds	Conroe, TX 77304					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
LXI LINDITORE	Candidate/Officeholder/Political Committee					
	Political Contribution					
O Committee ONII V if discret	Our didn't lotter had a grant of the country of the					
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/06/2023	Briscoe Cain for Texas					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 7					
Expenditure from corporate funds	Deer Park, TX 77536					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	Candidate/Officeholder/Political Committee					
	Total Contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
12/06/2023	Caroline Harris for State Representative					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 700					
Expenditure from corporate funds	Round Rock, TX 78680					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	Candidate/Officeholder/Political Committee					
	Total Contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contern a colorograph and listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 12/16	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
12/06/2023	Charles Schwertner Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2023	Donna Campbell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 171002
Expenditure from corporate funds	San Antonio, TX 78217
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/06/2023	Fredrick Frazier Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4100 Eldorado Pkwy
	Suite 100
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 3/6 Rpt: 13/16	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
12/06/2023	Giovanni Capriglione Campaign
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code Po Box 92007
42,000.00	1 0 23/1 0 2001
Expenditure from corporate funds	Southlake, TX 76092
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2023	Glenn Rogers Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 11
Expenditure from corporate funds	Graford, TX 76449
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Political Contribution
Operation ONE Wife discont	Our did to 10 ff as had done as many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2023	Kronda Thimesch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 118978
Expenditure from corporate funds	Carrolton, TX 75011
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Continuution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 4/6 Rpt: 14/16	Texas Consumer Lenders PAC 00064956	
4 Date	5 Payee name	
12/06/2023	Mano DeAyala Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	12335 Kingsride Lane #416	
Expenditure from corporate funds	Houston, TX 77024	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense	
	Political Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/06/2023	Oscar Longoria Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	PO Box 4224	
Expenditure from corporate funds	Mission, TX 78572	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	-1	
Date	Dayso namo	
12/06/2023	Payee name Ryan Guillen Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	5346 E US Hwy 83	
Expenditure from	Bldg. A, Ste. 5-A	
corporate funds	Rio Grande City, TX 78582	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Oxponditure to bottom O/O/I		
Eorme provided by Tayas F	thics Commission Washing state by us Version V2 5.1 f1b8c2f	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 15/16	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
12/06/2023	Salman Bhojani Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	6301 Campus Circle Drive East
— Foresedit ve from	Suite 100
Expenditure from corporate funds	Irving, TX 75063
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2023	Sam Harless Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	15814 Champion Forest PMB 312
Expenditure from corporate funds	Spring, TX 77379
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	1 ontical contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/25/2023	Shine for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 793
Expenditure from corporate funds	Temple, TX 76503
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	1 Ontical Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 6/6 Rpt: 16/16	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
12/06/2023	Tan Parker Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Continution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2023	Terry Leo-Wilson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	29 Pirates Bch W
Expenditure from corporate funds	Galveston, TX 77554
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Folitical Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	• • • • • • • • • • • • • • • • • • •