#### 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) 00085885 3 COMMITTEE NAME **OFFICE USE ONLY** 4 West Texas Political Action Committee Date Received **ELECTRONICALLY FILED** 01/06/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4414-82nd Street Date Hand-delivered or Date Postmarked Suite 212-353 Change of Address Lubbock, TX 79424 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jody NAME NICKNAME LAST **SUFFIX** Ehler STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 8228 Valencia Dr. STREET **ADDRESS** (Residence or Business) Lubbock, TX 79424 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4414 82nd Street Ste 212-353 MAILING **ADDRESS** Lubbock, TX 79424 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 775-0957 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)
4 West Texas Political	00085885	5		
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 POLITICAL (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,828.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	DAY \$	19,986.75	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mr. Joo	dy Ehler	
		Signature of Car	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of off	icer administering oath
organitie of officer at	animistering battl	Timed hame of onless authiniststing oath	THE OF OH	oer auministening vatif

## **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

		3 of 7
17 COMMITTEE NAME 4 West Texas Political Action Committee	<b>18</b> Filer ID 00085885	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	•	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	1	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 4,828.23
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$

#### 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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide 6	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAM	F				2	Filer ID	(Ethics Commiss	ion Filers)
_	Sch: 1/4 Rpt: 4/7		xas Political Action C	ommittee				00085885	(Ethics Commissi	ion i licis)
4	Date	5 Payee name					<u> </u>			
•	09/08/2023	Bienvenido								
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip Co	de					
	\$500.00	PO Box 93	•	, — <sub>-</sub>						
	Expenditure from corporate funds	Lubbock, 7	ΓX 79493							
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF	Event Exp		or triis scriedule)	` ,	_	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	, officeholder living	g expense	
						Myra Flores E	Ξνε	ent		
9	Complete ONLY if direct expenditure to benefit C/ON		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name	<del></del>							
	10/16/2023	_	Center for Discovery							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de					
	\$750.00	1121 Cany	on Lake Drive							
		_								
	Expenditure from corporate funds	Lubbock, 7	ГХ 79403							
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Exp				<b>-</b>			plete Schedule T.	
	LXI ENDITORE					<b>—</b>		, officeholder living	g expense	
						Ag Museum r	ren	tal		
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ght			Office he	eld	
	B .									
	Date	Payee name								
	10/24/2023	Lone Star	Pack and Ship							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de					
	\$315.00	2614 130tl	n St.							
		#5								
Г	Expenditure from	Lubbock, 7	TV 70422							
	corporate funds									
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Printing Ex	rpense			므			plete Schedule T.	
						Scanning of L		, officeholder living		
						Juan ming of L	_13	P FOIA UUC	J	
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	٦								

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Se	ards/Memorials Expervices struction Guide			Wages	/Contract Labor		Travel Out of Di OTHER (enter a		not listed above)
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics	Commission Filers)
	Sch: 2/4 Rpt: 5/7				itical Action	Committe	ee				00085885	•	·
4	Date	5	Payee name										
	08/17/2023		NSCA										
6	Amount (\$)	7	Payee addres	ss;	City;	State;	Zip C	ode					
	\$2,500.00		PO Box 720	746									
	Expenditure from corporate funds		Norman, Ol	< 7307	70								
8	PURPOSE	(a)	Category (Se	ee Categ	ories listed at the t	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Expe	nse					<b>=</b>		de of Texas. Com officeholder living		edule T.
									Chaplaincy E			J expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	cehold	er name	C	Office sou	<u>I</u> ught			Office h	eld	
	Date		Payee name										
	12/01/2023		Newks Eate	ery									
	Amount (\$)		Payee addres	ss;	City;	State;	Zip C	ode					
	\$43.35		1500 Broad	way	,		·						
				-									
	Expenditure from corporate funds		Lubbock, T	X 7940	01								
	PURPOSE OF	(a)	Category (Se	ee Categ	ories listed at the t	op of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bever	age E	xpense				$\Box$		de of Texas. Com officeholder living		edule T.
									lunch meeting		onicendider living	J expense	
										9			
	Complete ONLY if direct		Candidate/Offi	cehold	er name	C	Office sou	<u>I</u> ught			Office h	eld	
	expenditure to benefit C/OF	1											
	Date		Payee name										
	10/30/2023		Pacific Just	ice Fo	undation								
	Amount (\$)		Payee addres	ss;	City;	State;	Zip C	ode					
	\$591.96		PO Box 7										
	- Constantitude from												
	Expenditure from corporate funds		Garden Gro	ve, C	A 92842								
	PURPOSE OF	(a)	Category (Se		ories listed at the t	op of this sche	edule)	(b)	Description				
	EXPENDITURE		Event Expe	nse					브		de of Texas. Com officeholder living		edule T.
									Brad Dacus s				
											- 1		
	Complete ONLY if direct		Candidate/Offi	cehold	er name	C	Office sou	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/OF							5					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			Expens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 3/4 Rpt: 6/7		4 West Texa	as Political Action	Committe	ee				00085885	
4	Date	5	Payee name								
	07/03/2023		The Rocket	Science Group, LI	LC						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	ode				
	\$21.32		675 Ponce	de Leon Ave NE							
			Suite 5000								
	Expenditure from corporate funds		Atlanta, GA	30308							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	on of this sche	dule)	(b)	Description			
	OF	<b>\</b> `		head/Rental Exper		uuic)	`´	·	outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE			·				_		officeholder living	expense
								email service			
_						•	<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	0	ffice sou	ught			Office he	ld
	Date		Payee name								
	08/01/2023		The Rocket	Science Group, LI	LC						
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$21.32		675 Ponce	de Leon Ave NE							
			Suite 5000								
	Expenditure from corporate funds		Atlanta, GA	30308							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Exper				_		de of Texas. Comp	
	LAFENDITORE							_		officeholder living	expense
								email service			
_	Complete ONLY if direct	Ц	Candidato/Offi	ceholder name		ffice sou	uabt			Office he	ld .
	expenditure to benefit C/Oh		Janulale/OIII	Conduct Haille			ugiil				nu .
	Date		Payee name								
L	09/01/2023	L	The Rocket	Science Group, LI	LC						
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$21.32		675 Ponce	de Leon Ave NE							
	1 Evnanditura from		Suite 5000								
	Expenditure from corporate funds		Atlanta, GA	30308							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE			head/Rental Exper				ш		de of Texas. Comp	
								Check if Austin, email service		officeholder living	expense
								STIMIL SCIVICE			
_	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name	0	ffice sou	liaht			Office he	ld
	expenditure to benefit C/O		Janaidato/OIII	osoidoi namo	O	00 000	~grit			C.1100 1101	·~

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in 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: 4/4 Rpt: 7/7	4 West Texas Political Action Committee 00085885
4 Date	5 Payee name
10/02/2023	The Rocket Science Group, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.32	675 Ponce de Leon Ave NE
— Foreseditors from	Suite 5000
Expenditure from corporate funds	Atlanta, GA 30308
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	email service
O Committee ONII V if allowed	Our didn't lot (Office helder games Office except)
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/01/2023	The Rocket Science Group, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$21.32	675 Ponce de Leon Ave NE
	Suite 5000
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	email service
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
12/01/2023	The Rocket Science Group, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$21.32	675 Ponce de Leon Ave NE
	Suite 5000
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	email service
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	• • • • • • • • • • • • • • • • • • •