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) 00086595 3 COMMITTEE NAME **OFFICE USE ONLY** Patriot Mobile Action Date Received **ELECTRONICALLY FILED** 01/16/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 401 N Carroll Ave Suite 425 Date Hand-delivered or Date Postmarked Change of Address Southlake, TX 76092 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steve NAME NICKNAME LAST **SUFFIX** Martin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 N Carroll Ave Suite 425 STREET **ADDRESS** (Residence or Business) Southlake, TX 76092 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (301) 654-3220 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 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE I	AME	1	L3 Filer ID	(Ethics Commission Filers)
Patriot Mobile	Action		00086595	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.) A. Supporte	d		
(Attach lists on plair paper to complete the report if necessary.)	B. Opposed			
	Measures (Describe by date and location of election and nature of issue.) A. Supporte D. Opposed			
	B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTIO TOTALS	PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT check here if this report qualifies for the	NTEES OF LOANS, OR RONICALLY) e higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOAI	BUTIONS NS, OR GUARANTEES OF LOANS)	\$	53,247.02
EXPENDITUR TOTALS	3. TOTAL UNITEMIZED POLITICAL	. EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPEND	ITURES	\$	12,357.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF THE REPORTING PERIOD	IONS MAINTAINED AS OF THE LAST D	DAY \$	45,403.41
OUTSTANDIN LOAN TOTALS	I	FALL OUTSTANDING LOANS AS OF TI SPERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		<u>'</u>	
		I swear, or affirm, under penalty of perj true and correct and includes all inform under Title 15, Election Code.		
		Mr. Stev	e Martin	
		Signature of Carr	npaign Treasure	er
AFFI	(NOTARY STAMP / SEAL ABOVE			
	subscribed before me, by the said		is the	day
of	, 20, to certify which, witnes	s my hand and seal of office.		
Signature	f officer administering oath Printed name	e of officer administering oath	Title of office	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 19
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Com	mission Filers)
l		bile Action	00086595	(=1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		E SUBTOTALS			
l		SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,247.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	52,000.02
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	12,357.97
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 TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/19	
2	FILER NAME Patriot Mobil	e Action			3	Filer ID (Ethics Commission 00086595	n Filers)
4	Date 09/14/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	a	Employer (See Instructions	;) 		
0	Retired	oation / Job title (See matrictions)	3	Retired)		
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID#:_ Cairns, Shawnna Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$47.00
		Vancouver, WA 98685			L		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 07/18/2023	Full name of contributor out-of-state PAC (ID#:_ Davenport, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Grapeland, TX 75844					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_ Freeman, Kevin Contributor address; City; State; Zip Code Keller, TX 76248				Amount of Contribution (\$)	\$100.00
	Principal occu Investments	oation / Job title (See Instructions)		Employer (See Instructions Freeman Global	5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Gregory, Lisa Contributor address; City; State; Zip Code Trumbull, CT 06611				Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) ncy Assessor		Employer (See Instructions Bridgeport Adult Ed	5)		
	. IO Equivale	,		Enagoport/ wait Eu			

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this forn	n.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/19	
2	FILER NAME Patriot Mobil	e Action			3	Filer ID (Ethics Commission 00086595	n Filers)
4	Date 12/15/2023	5 Full name of contributor Minasian Pires, Janette6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Grapevine, TX 76051					
8	Principal occu CFO	pation / Job title (See Instructions)	9	Employer (See Instructions Patriot Mobile, LLC	5)		
	Date 11/15/2023	Full name of contributor Minasian Pires, Janette Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions)		Employer (See Instructions	·/ 		
	CFO	pation 7 300 title (See instructions)		Patriot Mobile, LLC)		
	Date 10/15/2023	Full name of contributor Minasian Pires, Janette Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$100.00
		Grapevine, TX 76051					
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Patriot Mobile, LLC	5)		
	Date 09/15/2023	Full name of contributor Minasian Pires, Janette Contributor address; City; Sta Grapevine, TX 76051	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Patriot Mobile, LLC	5)		
	Date 08/15/2023	Full name of contributor Minasian Pires, Janette Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Patriot Mobile, LLC	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/19	
2	FILER NAME Patriot Mobil	e Action			3	Filer ID (Ethics Commission 00086595	Filers)
4	Date 07/15/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Grapevine, TX 76051	_				
8	Principal occu CFO	pation / Job title (See Instructions)	9	Employer (See Instructions Patriot Mobile, LLC	5)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Nemeth, Gabor Contributor address; City; State; Zip Code Rolling Hills Estates , TX 90274)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: Nemeth, Gabor Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Rolling Hills Estates , TX 90274					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/01/2023	Full name of contributor out-of-state PAC (ID#:_Nemeth, Gabor Contributor address; City; State; Zip Code Rolling Hills Estates , TX 90274)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		
	Date 09/01/2023	Full name of contributor out-of-state PAC (ID#:_ Nemeth, Gabor Contributor address; City; State; Zip Code Rolling Hills Estates , TX 90274	••••)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

MONE	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	uction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/19	
2 FILER NAME			3 Filer ID (Ethics Commission Filers) 00086595
4 Date 08/01/2023			7 Amount of Contribution (\$) \$50.00
8 Principal occ	Rolling Hills Estates , TX 90274 cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Retired		Retired	
Date 07/01/2023	Full name of contributor out-of-state PAC (ID#: Nemeth, Gabor Contributor address; City; State; Zip Code Rolling Hills Estates , TX 90274		Amount of Contribution (\$) \$50.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions Retired	l s)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm	1 Total pages Schedule A2:
			Sch: 1/2 Rpt: 8/19
2 FILER NAME	2 FILER NAME Patriot Mobile Action		3 Filer ID (Ethics Commission Filers)
4	le Action		00086595
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description
07/31/2023	Patriot Mobile LLC		\$8,666.67 I PAC Administrative Costs
	7 Contributor address; City; State; Zip Code		
	Grapevine, TX 76051		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 08/31/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
00/31/2023	Patriot Mobile LLC		\$8,666.67 PAC Administrative Costs
	Contributor address; City; State; Zip Code		
	Grapevine, TX 76051		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Continuators	ртпорагоссирация (РОК ЗОБІСІАЕ)	Contributor's job title	(FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
09/30/2023	Patriot Mobile LLC		\$8,666.671PAC Administrative Costs
	Contributor address; City; State; Zip Code		
			<u> </u>
	Grapevine, TX 76051		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Operatually 1	and a collection (FOR TURIOLA)	Lauren et 19	and angular (fram) (FOR HIDIOLA)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ection Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 9/19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Patriot Mobi	ile Action		00086595
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
10/31/2023	Patriot Mobile LLC		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$8,666.67 I PAC Administrative Costs
	Grapevine, TX 76051	•	Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution
11/30/2023	Patriot Mobile LLC		contribution (\$) description
	Contributor address; City; State; Zip Code		\$8,666.67 PAC Administrative Costs
	Continuation addresses, City, Classe, Elp Code		į į
	Grapevine, TX 76051		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
12/31/2023	Patriot Mobile LLC		contribution (\$) description
	Contributor address; City; State; Zip Code		\$8,666.67 PAC Administrative Costs
	, ,, ,		
			į į
	Grapevine, TX 76051		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 10/19	Patriot Mobile Action 00086595
4 Date	5 Payee name
07/06/2023	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.95	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	E-Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/19/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$3.60	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
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 E-Merchant Fees
	L-Werchant rees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/21/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$2.30	5555 Hilton Ave
Ψ2.50	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
PURPOSE	100 0
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	E-Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO DOTICITE O/OI	•

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 compl	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 11/19	Patriot Mobile Action	00086595
4 Date	5 Payee name	•
07/21/2023	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.25	5555 Hilton Ave	
Evnanditura from	Suite 106	
Expenditure from corporate funds	Baton Rouge, LA 70808	
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 E-Merchant Fees
		E-ivierchant rees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/Ol		Office field
Date		
08/04/2023	Payee name Anedot	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.95	5555 Hilton Ave	
Expenditure from	Suite 106	
corporate funds	Baton Rouge, LA 70808	
PURPOSE OF	.,	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		E-Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	1	
Date	Payee name	
08/18/2023	Anedot	
Amount (\$)	Payee address; City; State; Zip Code	
\$3.60	5555 Hilton Ave	
•	Suite 106	
Expenditure from corporate funds	Baton Rouge, LA 70808	
PURPOSE	-	Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	. 555	Check if Austin, TX, officeholder living expense
		E-Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experialture to beliefft C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/10 Rpt: 12/19	Patriot Mobile Action	00086595
4 Date	5 Payee name	<u> </u>
09/11/2023	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$1.95	5555 Hilton Ave	
Ψ1.00	Suite 106	
Expenditure from		
corporate funds	Baton Rouge, LA 70808	
8 PURPOSE OF	, ,	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		E-Merchant Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI		
Date	Dove name	
09/19/2023	Payee name Anedot	
Amount (\$)	Payee address; City; State; Zip Code	e
\$5.90	5555 Hilton Ave	
Expenditure from	Suite 106	
corporate funds	Baton Rouge, LA 70808	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		E-Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	9	nt Office held
	9	nt Office held
expenditure to benefit C/OI		nt Office held
expenditure to benefit C/OI Date	Payee name	
expenditure to benefit C/Ol Date 09/19/2023	Payee name Anedot	
expenditure to benefit C/Ol Date 09/19/2023 Amount (\$) \$0.25	Payee name Anedot Payee address; City; State; Zip Code	
expenditure to benefit C/Ol Date 09/19/2023 Amount (\$)	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106	
expenditure to benefit C/Ol Date 09/19/2023 Amount (\$) \$0.25	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	9
expenditure to benefit C/Ol Date 09/19/2023 Amount (\$) \$0.25	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule)	e b) Description
expenditure to benefit C/OI Date 09/19/2023 Amount (\$) \$0.25 Expenditure from corporate funds PURPOSE	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	9
expenditure to benefit C/Ol Date 09/19/2023 Amount (\$) \$0.25 Expenditure from corporate funds PURPOSE OF	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule)	D) Description Check if travel outside of Texas. Complete Schedule T.
expenditure to benefit C/Ol Date 09/19/2023 Amount (\$) \$0.25 Expenditure from corporate funds PURPOSE OF	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule)	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
expenditure to benefit C/Ol Date 09/19/2023 Amount (\$) \$0.25 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sough	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-Merchant Fees
expenditure to benefit C/OI Date 09/19/2023 Amount (\$) \$0.25 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sough	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-Merchant Fees
expenditure to benefit C/Ol Date 09/19/2023 Amount (\$) \$0.25 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sough	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-Merchant Fees
expenditure to benefit C/Ol Date 09/19/2023 Amount (\$) \$0.25 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Anedot Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sough	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-Merchant Fees

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

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: 4/10 Rpt: 13/19	Patriot Mobile Action 00086595
4 Date	5 Payee name
10/04/2023	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.95	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
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 E-Merchant Fees
	L-Welchant Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Data	
Date	Payee name
10/18/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$3.60	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	E-Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
- p - 1.1 2 12 33 0/0	
Date	Payee name
10/19/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$2.18	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
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	Check if Austin, TX, officeholder living expense
	E-Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	п

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 comp	elete this form.
1 Total pages Schedule F1:	FILER NAME Patriot Mobile Action	3 Filer ID (Ethics Commission Filers) 00086595
Sch: 5/10 Rpt: 14/19		00000393
4 Date 10/19/2023	5 Payee name Anedot	
6 Amount (\$) \$0.24 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-Merchant Fees
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
11/06/2023	Anedot	
Amount (\$) \$5.55 Expenditure from corporate funds	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
Date 11/20/2023	Payee name Anedot	
Amount (\$) \$3.60 Expenditure from corporate funds	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-Merchant Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: Sch: 6/10 Rpt: 15/19	FILER NAME Patriot Mobile Action	3 Filer ID (Ethics Commission Filers) 00086595
4 Date 12/05/2023	5 Payee name Anedot	•
6 Amount (\$) \$1.95 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	Fees	escription] Check if travel outside of Texas. Complete Schedule T.] Check if Austin, TX, officeholder living expense -Merchant Fees
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
Date 12/08/2023	Payee name Anedot	
Amount (\$) \$4.30 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	-Merchant Fees Office held
experiditure to benefit C/Or	'	
Date 12/08/2023	Payee name Anedot	
Amount (\$) \$0.50 Expenditure from corporate funds	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of 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: 7/10 Rpt: 16/19	Patriot Mobile Action 00086595
4 Date	5 Payee name
12/19/2023	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.60	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
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 E-Merchant Fees
	E-MEICHAIR FEES
O Complete Chilly if all	Condidate/Officeholder name Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/31/2023	CFS Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$1,775.00	PO Box 30844
Expenditure from corporate funds	Bethesda, MD 20824
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	PAC Compliance
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	
Date	Payee name
08/30/2023	CFS Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$1,775.00	PO Box 30844
Expenditure from corporate funds	Bethesda, MD 20824
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense Consulting Expense Consulting Expense Consulting Expense
	PAC Compliance
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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 con	pplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/10 Rpt: 17/19	Patriot Mobile Action	00086595
4 Date	5 Payee name	·
10/02/2023	CFS Compliance	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$1,775.00	PO Box 30844	
Expenditure from corporate funds	Bethesda, MD 20824	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PAC Compliance
		r AC Compliance
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		Office field
Data		
Date	Payee name	
10/30/2023	CFS Compliance	
Amount (\$)	Payee address; City; State; Zip Coo	le
\$1,775.00	PO Box 30844	
Expenditure from		
corporate funds	Bethesda, MD 20824	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PAC Compliance
		FAC Compliance
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		onice neu
Data		
Date	Payee name	
11/29/2023	CFS Compliance	
Amount (\$)	Payee address; City; State; Zip Coc	le
\$1,775.00	PO Box 30844	
Expenditure from		
corporate funds	Bethesda, MD 20824	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PAC Compliance
		17.0 Compliance
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E: / - Gift/Awards/Memorials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 18/19	Patriot Mobile Action		00086595
4 Date 12/29/2023	5 Payee name CFS Compliance	•	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1,775.00	PO Box 30844		
Expenditure from corporate funds	Bethesda, MD 20824		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	<u> </u>	sside of Texas. Complete Schedule T. X, officeholder living expense CC
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
12/01/2023	CFS Compliance		
Amount (\$) \$32.71 Expenditure from corporate funds	Payee address; City; State; Zip Co PO Box 30844 Bethesda, MD 20824	ode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	. 	sside of Texas. Complete Schedule T. X, officeholder living expense CC
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
09/28/2023	Canva		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$119.99	75 east Santa Clara St		
Expenditure from corporate funds	San Jose, CA 95113		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	l L	iside of Texas. Complete Schedule T. X, officeholder living expense Cription
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica 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: 10/10 Rpt: 19/19	Patriot Mobile Action 00086595
4 Date	5 Payee name
09/22/2023	The Gober Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,415.33	PO Box 341016
Expenditure from corporate funds	Austin, TX 78734
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PAC Legal Consulting
	17.6 Logar Consuming
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Office field
Date	Payee name
07/25/2023	Twitter, Inc
Amount (\$)	Payee address; City; State; Zip Code
\$90.72	1355 Market St
Ψ30.72	
Expenditure from	Suite 900
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.
	Check if Austin, TX, officeholder living expense Subscription Fee
	Subscription Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	