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) 00068390 3 COMMITTEE NAME **OFFICE USE ONLY** Lone Star Project Nonfederal Date Received **ELECTRONICALLY FILED** 01/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6 E Street SE Date Hand-delivered or Date Postmarked Change of Address Washington, DC 20003 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Matthew NAME NICKNAME LAST **SUFFIX** Angle STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6 E Street SE STREET **ADDRESS** (Residence or Business) Washington, DC 20003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6 E Street SE MAILING **ADDRESS** Washington, DC 20003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 547-7610 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)	
Lone Star Project Nonfe	ederal		00068390	0	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Yasmin Simon State Represe	ntative		
(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	\$	268,533.37		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	13,982.15	
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT			·		
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Mr. Matt	hew Angle		
		Signature of Ca	mpaign Treas	urer	
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, t	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 off	icer administering oath	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

12 COMMITTEE NAME Lone Star Project Nonfederal 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Erin Zwiener State Representative B. Opposed A. Supported B. Opposed	Filer ID (Ethics Commission Filers) 00068390
1. Candidates ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Erin Zwiener State Representative B. Opposed A. Supported	
ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.)	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported	
(Describe by date and location of election and nature of issue.)	
B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Denise Wilkerson State Represent	ative
(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	
Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				4 of 52
17 COMMITTEE NA Lone Star Proje		18 Filer ID 00068390	(Ethics Commis	ssion Filers)
19 SCHEDULE SUE NAME OF SCHE			SUBTOTA	AL AMOUNT
1. X SCH	HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	241,533.37
2. X SCH	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	27,000.00
3. SCH	HEDULE B: PLEDGED CONTRIBUTIONS		\$	
	HEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO GANIZATION	PR	\$	
	HEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA BOR ORGANIZATION	ATION OR	\$	
6. SCH	HEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
	HEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR GANIZATION		\$	
8. SCH	HEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9. SCH	HEDULE E: LOANS		\$	
10. X SCH	HEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	237,902.57
11. SCF	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCF	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13. SCF	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. SCF	HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS	5		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm	ı .	1	Total pages Schedule A1: Sch: 1/15 Rpt: 5/52	
2	FILER NAME Lone Star Pr	oject Nonfederal				3	Filer ID (Ethics Commission 00068390	on Filers)
4	Date 08/30/2023	5 Full name of contributor Angle, Dolly6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$5,000.00
_		Arlington, VA 22207			- (2) ;			
8	Retired	pation / Job title (See Instructions)	9		Employer (See Instructions N/A)		
	Date 07/19/2023	Full name of contributor Barton, Chris Contributor address; City; Sta		••••			Amount of Contribution (\$)	\$5.03
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)		E	Employer (See Instructions)		
	Author			5	Self-Employed			
	Date 08/19/2023	Full name of contributor Barton, Chris Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.03
		Austin, TX 78757						
	Principal occu Author	pation / Job title (See Instructions)			Employer (See Instructions Self-Employed)		
	Date 09/19/2023	Full name of contributor Barton, Chris Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code				Amount of Contribution (\$)	\$5.03
	Principal occu Author	pation / Job title (See Instructions)			Employer (See Instructions Self-Employed)		
	Date 10/19/2023	Full name of contributor Barton, Chris Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.03
	Principal occu Author	pation / Job title (See Instructions)			Employer (See Instructions Self-Employed)		
			<u> </u>					

	MONET	ARY POLITICAL CONTRI		SCHEDUI	LE A1		
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 6/52	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	on Filers)
4	Date 11/26/2023	 Full name of contributor out-of-state Barton, Chris Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.03
_	5	Austin, TX 78757	la la	5 1 (0 1 : 1			
8	Author	pation / Job title (See Instructions)	9	Employer (See Instructions Self-Employed	5)		
	Date 12/19/2023	Barton, Chris)		Amount of Contribution (\$)	\$5.03
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Author			Self-Employed			
	Date 08/09/2023	Full name of contributor out-of-state Beck, Elizabeth Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
		Fort Worth, TX 76110					
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions Braziel Law	i)		
	Date 09/05/2023	Berry, Tom				Amount of Contribution (\$)	\$100.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Berry Family Services	()		
	Date 12/18/2023	Black, Albert	PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Executive	oation / Job title (See Instructions)		Employer (See Instructions On-Target	<u> </u>		
			'				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 7/52	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	n Filers)
4	Date 07/02/2023	 Full name of contributor out-of-state PAC (I Boehme, Paula Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$10.00
8	Dringing aggr	Arlington, TX 76016	ام	Employer (See Instructions	<u>''</u>		
0	Not Employe	pation / Job title (See Instructions) d	, and	Not Employed	o)		
	Date 08/02/2023	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$10.00
	Principal occur	Arlington, TX 76016 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>:)</u>		
	Not Employed			Not Employed	٠,		
	Date 09/02/2023	Full name of contributor out-of-state PAC (I Boehme, Paula Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$10.00
		Arlington, TX 76016					
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/02/2023	Full name of contributor out-of-state PAC (I Boehme, Paula Contributor address; City; State; Zip Code Arlington, TX 76016)	•	Amount of Contribution (\$)	\$10.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (I Boehme, Paula Contributor address; City; State; Zip Code Arlington, TX 76016				Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUT	ON	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 8/52
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission Filers) 00068390
4	Date 12/02/2023	 Full name of contributor			7	Amount of Contribution (\$) \$10.00
8	Principal occur	Arlington, TX 76016 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-	
0	Not Employe			Not Employed	·)	
	Date 07/24/2023	Full name of contributor out-of-state PAC (ID Boone, Cecilia Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$25,000.00
	Principal occur	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	·/-	
	Philanthropis			Self-Employed	·)	
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID Boydstun, Dwaine Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$) \$50.00
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)	
	Retired			N/A		
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID Burns, Joel Contributor address; City; State; Zip Code Fort Worth, TX 76110				Amount of Contribution (\$) \$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)	
	Date 09/06/2023	Full name of contributor X out-of-state PAC (ID CWA-COPE PCC Contributor address; City; State; Zip Code Washington, DC 20001	#: <u>C0</u>	0002089)	•	Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			•			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 9/52
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission Filers) 00068390
4	Date 12/22/2023	Chase, Scott	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$50.00
_	Dringing age	Dallas, TX 75208	lo.	Employer (Coo Instructional		
8	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed)	
	Date 11/21/2023	Full name of contributor Clay Jenkins Campaign Contributor address; City; State;				Amount of Contribution (\$) \$15,000.00
	Deinainal assu	Dallas, TX 75222		Family on (Coo Instructions		
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)	
	Date 09/04/2023	Full name of contributor Collins, John Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$50.00
		Dallas, TX 75202				
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed)	
	Date 12/25/2023	Full name of contributor De La Cruz, Sandra Contributor address; City; State; Dallas, TX 75220	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$20.00
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed)	
	Date 07/08/2023	Full name of contributor Denson, Patricia Contributor address; City; State; houston, TX 77098	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$10.00
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed)	
			1			

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 10/52	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	Filers)
4	Date 08/08/2023	5 Full name of contributor [Denson, Patricia6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occur	houston, TX 77098 pation / Job title (See Instructions)	اه	Employer (See Instructions	;) 		
Ü	Not Employe			Not Employed)		
	Date 09/08/2023	Full name of contributor [Denson, Patricia Contributor address; City; Sta				Amount of Contribution (\$)	\$10.00
	Principal occur	houston, TX 77098 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Not Employe			Not Employed	,,		
	Date 10/08/2023	Full name of contributor Denson, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$10.00
		houston, TX 77098					
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/08/2023	Full name of contributor [Denson, Patricia Contributor address; City; Sta houston, TX 77098	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 12/08/2023	Full name of contributor Denson, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 11/52
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission Filers) 00068390
4	Date 07/05/2023	 Full name of contributor our our our our our our our our our	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$) \$50,000.00
8	Principal occu	Houston, TX 77006 pation / Job title (See Instructions)	9	Employer (See Instructions)	
	Date 11/06/2023	Full name of contributor ou First Tuesday PAC Contributor address; City; State; Zi Houston, TX 77006)		Amount of Contribution (\$) \$50,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 12/25/2023	Full name of contributor out	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$) \$25.00
	Principal occu Not Employe	Fort Worth, TX 76116 pation / Job title (See Instructions)		Employer (See Instructions Not Employed)	
	Date 12/08/2023		ut-of-state PAC (ID#:			Amount of Contribution (\$) \$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)	
	Date 09/08/2023	Full name of contributor ou Hudson, Elizabeth Contributor address; City; State; Zi Fort Worth, TX 76107	ut-of-state PAC (ID#:)		Amount of Contribution (\$) \$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed)	

	MONET	ARY POLITICAL CO	NTRIBUTION	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 12/52
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission Filers) 00068390
4	Date 11/02/2023	 Full name of contributor		AC .	7	Amount of Contribution (\$) \$25,000.00
_	Deinsinal assu	Washington, DC 20001	10	Empleyer (Cool looks stippe		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)	
	Date 12/22/2023	Full name of contributor Jernigan, Austin Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$20.00
	Dringing aggr	McKinney, TX 75071		Employer (See Instructions		
	Caregiver	pation / Job title (See Instructions)		Employer (See Instructions Jean Jernigan)	
	Date 12/28/2023	Full name of contributor Krudop, Walter Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$250.00
		Dripping Springs, TX 78620				
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed)	
	Date 12/25/2023	Full name of contributor Linville, Janis Contributor address; City; State; Wichita Falls, TX 76302	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$) \$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)	
	Date 10/13/2023	Full name of contributor Marc Veasey Congressional C Contributor address; City; State; Fort Worth, TX 76105				Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 13/52	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	ı Filers)
4	Date 12/26/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe			Not Employed	-,		
	Date 09/26/2023	Full name of contributor out-of-state PAC (I Miller, Robert Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78247					
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (I Miller, Robert Contributor address; City; State; Zip Code	ID#:)	•	Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78247					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (I Olson, Diana Contributor address; City; State; Zip Code Scio, OR 97374)	•	Amount of Contribution (\$)	\$2.00
	Principal occu Farming	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	<u>l</u> S)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (I Olson, Diana Contributor address; City; State; Zip Code Scio, OR 97374				Amount of Contribution (\$)	\$2.00
	Principal occu Farming	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/15 Rpt: 14/52			
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	ı Filers)	
4	4 Date 11/29/2023 5 Full name of contributor out-of-state PAC (ID#:) Olson, Diana 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2.00				
_	Delicalization	Scio, OR 97374	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Faralaga (Oper kastausti an				
8	Farming	pation / Job title (See Instructions	9	Employer (See Instructions Self-Employed	5)			
Date Full name of contributor out-of-state PAC (ID#:) 12/29/2023 Olson, Diana Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$2.00				
	Principal occu	Scio, OR 97374	<u> </u>	Employer (See Instructions	<u>:)</u>			
	Principal occupation / Job title (See Instructions) Farming Employer (See Instructions) Self-Employed		P)					
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00			
		Dallas, TX 75214						
	-	pation / Job title (See Instructions earch Monitor)	Employer (See Instructions Self-Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/16/2023 Pleasants, Chrystin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	•	Dallas, TX 75214 pation / Job title (See Instructions earch Monitor)	Employer (See Instructions Self-Employed	<u>l</u> s)			
Date Full name of contributor out-of-state PAC (ID#:) 10/16/2023 Pleasants, Chrystin Contributor address; City; State; Zip Code Dallas, TX 75214			Amount of Contribution (\$)	\$10.00				
	•	pation / Job title (See Instructions earch Monitor)	Employer (See Instructions Self-Employed	5)			
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MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 15/52	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	ı Filers)
4	4 Date 11/16/2023 5 Full name of contributor out-of-state PAC (ID#:) Pleasants, Chrystin 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00			
_	Deinoinal con-	Dallas, TX 75214	lo.	Frankrijer (Cookrativistiere	<u></u>		
8		pation / Job title (See Instructions) earch Monitor	9	Employer (See Instructions Self-Employed	5)		
Date Full name of contributor out-of-state PAC (ID#:) 12/16/2023 Pleasants, Chrystin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	Dringinal occu	Dallas, TX 75214		Employer (See Instructions	·/-		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Clinical Research Monitor Self-Employed)				
Date Full name of contributor out-of-state PAC (ID#:_ 07/16/2023 Pleasants, Chrystin Contributor address; City; State; Zip Code		_)		Amount of Contribution (\$)	\$10.00	
		Dallas, TX 75214					
		pation / Job title (See Instructions) earch Monitor		Employer (See Instructions Self-Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/19/2023 Rose, Ron Contributor address; City; State; Zip Code Topeka, KS 66617			Amount of Contribution (\$)	\$10.19		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u>		
Date Full name of contributor out-of-state PAC (ID#:) 07/04/2023 Spears, Olan Contributor address; City; State; Zip Code Lubbock, TX 79423			Amount of Contribution (\$)	\$10.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/15 Rpt: 16/52		
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	on Filers)	
4 Date 12/20/2023 5 Full name of contributor		7	Amount of Contribution (\$)	\$10,000.00				
_		Mesquite, TX 75150						
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)			
	Date 08/07/2023	Full name of contributor Townsend, Warren Contributor address; City; S				Amount of Contribution (\$)	\$15.00	
	Principal occu	Kemper, TX 76539 pation / Job title (See Instructions	3)	Employer (See Instructions	3)			
Clinical Social Worker Self-Employed			٠,					
	Date Full name of contributor out-of-state PAC (ID#:) 09/07/2023 Townsend, Warren Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00		
		Kemper, TX 76539						
	Principal occu Clinical Socia	pation / Job title (See Instructions al Worker	5)	Employer (See Instructions Self-Employed	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/07/2023 Townsend, Warren Contributor address; City; State; Zip Code Kemper, TX 76539			Amount of Contribution (\$)	\$15.00			
	Principal occu Clinical Socia	pation / Job title (See Instruction: al Worker	5)	Employer (See Instructions Self-Employed	5)			
Date Full name of contributor out-of-state PAC (ID#:) 11/07/2023 Townsend, Warren Contributor address; City; State; Zip Code Kemper, TX 76539			Amount of Contribution (\$)	\$15.00				
	Principal occu Clinical Socia	pation / Job title (See Instructions al Worker	5)	Employer (See Instructions Self-Employed	5)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/15 Rpt: 17/52		
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	on Filers)
4	4 Date 12/07/2023 5 Full name of contributor out-of-state PAC (ID#:) Townsend, Warren 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$15.00			
_	Dringing Loggy	Kemper, TX 76539	lo lo	Employer (Coo Instructions			
8	Clinical Socia	pation / Job title (See Instructions) al Worker		Employer (See Instructions Self-Employed)		
Date Full name of contributor out-of-state PAC (ID#:) 07/07/2023 Townsend, Warren Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00			
	Principal occu	Kemper, TX 76539 pation / Job title (See Instructions)		Employer (See Instructions)		
	Clinical Socia			Self-Employed	,		
	Date Full name of contributor out-of-state PAC (ID#:) 11/29/2023 Turner, Chris Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00	
		Grand Prairie, TX 75054					
	Principal occu Campaign ac	pation / Job title (See Instructions) ccount		Employer (See Instructions Campaign account)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/23/2023 Valdez Sr, Carlos H Contributor address; City; State; Zip Code Corpus Christi, TX 78415			Amount of Contribution (\$)	\$5.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
Date Full name of contributor out-of-state PAC (ID#:) 12/29/2023 Vorwerk, Richard Contributor address; City; State; Zip Code TAYLOR, TX 76574			Amount of Contribution (\$)	\$20.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			l				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/15 Rpt: 18/52		
2	2 FILER NAME Lone Star Project Nonfederal		3	Filer ID (Ethics Commission 00068390	Filers)		
4			7	Amount of Contribution (\$)	\$5.00		
_	Dringing Loggy	Alamogordo, NM 88310	lo.	Employer (Coo Instructions			
8	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/26/2023 Williams, Elizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Principal occur	Alamogordo, NM 88310	<u> </u>	Employer (See Instructions			
Principal occupation / Job title (See Instructions) Not Employed Not Employed)				
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00	
		Alamogordo, NM 88310					
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/26/2023 Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310			Amount of Contribution (\$)	\$5.00		
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
Date Full name of contributor out-of-state PAC (ID#:) 11/26/2023 Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310			Amount of Contribution (\$)	\$5.00			
	Principal occup Not Employe	oation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			l				

IONETA	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE A1
ne Instruct	ion Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 15/15 Rpt: 19/52
ER NAME ne Star Proj	ect Nonfederal			3	Filer ID (Ethics Commission Filers) 00068390
Date 12/26/2023 5 Full name of contributor out-of-state PAC (ID#:) Williams, Elizabeth 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$5.00
incipal occupa	Alamogordo, NM 88310 tion / Job title (See Instructions)	9	Employer (See Instructions)	
ot Employed			Not Employed		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	action Guide explains how to complete this f	1 Total pages Scl Sch: 1/2 Rpt:					
2 FILER NAME Lone Star P	E Project Nonfederal	3 Filer ID (Ethic 00068390	es Commission Filers)				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 07/10/2023	6 Full name of contributor ☐ out-of-state PAC (ID#: Lone Star Project 7 Contributor address; City; State; Zip Code Washington, DC 20003	contribution (\$) \$5,000.00	In-Kind Research to Yasmin Simon Campaign I I I I				
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T. nstructions)			
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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 09/29/2023	Full name of contributor out-of-state PAC (ID#: Lone Star Project Contributor address; City; State; Zip Code			In-kind contribution description In-Kind Research to Yasmin Simon Campaign			
	Washington, DC 20003		Check if travel of	I I outside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)			
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 10/12/2023	Full name of contributor out-of-state PAC (ID#: Lone Star Project Contributor address; City; State; Zip Code)	Amount of contribution (\$) \$7,500.00	In-kind contribution description In-Kind Research to Erin Zwiener Campaign			
5	Washington, DC 20003	- (50 <u>0</u> No.)		butside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See II	nstructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	ontributor's spouse (if any) (FOR JUDICIAL)				
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 21/52 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lone Star Project Nonfederal 00068390 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 8 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/29/2023 Lone Star Project \$2,500.00 In-Kind Research to Denis 7 Contributor address; City; State; Zip Code Wilkerson Campaign Washington, DC 20003 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 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: 1/31 Rpt: 22/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
07/11/2023	AMR Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	531 West Court Street
	#2387
Expenditure from corporate funds	Seguin, TX 78156
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Research Consulting
O Commission ONII Wife dispose	One district Office health are asset of the second to the
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/31/2023	AMR Group
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	531 West Court Street
Expenditure from	#2387
corporate funds	Seguin, TX 78156
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
	Research Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2023	AMR Group
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	531 West Court Street
	#2387
Expenditure from corporate funds	Seguin, TX 78156
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 Research Consulting
	Nescaron Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefft 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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 2/31 Rpt: 23/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
10/04/2023	AMR Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	531 West Court Street
	#2387
Expenditure from corporate funds	Seguin, TX 78156
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
	Research Consulting
	Trooparon Consuming
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
11/08/2023	AMR Group
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	531 West Court Street
¥=,000.00	#2387
Expenditure from	
corporate funds	Seguin, TX 78156
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Research Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/04/2023	AMR Group
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	531 West Court Street
Ψ1,500.00	
Expenditure from	#2387
corporate funds	Seguin, TX 78156
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Research Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

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	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category in the Instruction Guide explains how to complete this form.	not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics	Commission Filers)
Sch: 3/31 Rpt: 24/52	Lone Star Project Nonfederal 00068390	
4 Date	5 Payee name	
07/09/2023	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.80	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Sche	dule T.
	Processing Fee	
	1 roccooming reco	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	ОН	
Date	Payee name	
07/16/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.40		
Ψ0.40	300 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sche	dule T.
	Check if Austin, TX, officeholder living expense Processing Fee	
	1 Toccssing Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Dete		
Date	Payee name	
07/23/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.61	. 366 Summer Street	
Expenditure from		
corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sche	dule T.
	Check if Austin, TX, officeholder living expense Processing Fee	
	Frocessing Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	5	

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	l Committee	Legal Services The Instruction Guide ex			Contract Labor ete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E			3	3	Filer ID	(Ethics Commission F	ilers)
	Sch: 4/31 Rpt: 25/52	l	Project Nonfederal					00068390		
4	Date	5 Payee name	?							
	07/30/2023	ActBlue								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$0.20	366 Summ	er Street							
	Expenditure from corporate funds	Somerville	MA 02144							
8	PURPOSE	(a) Category (5	See Categories listed at the top of	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees							plete Schedule T.	
	EXI ENDITORE					Check if Austin, T		officeholder living	expense	
						Processing Fe	ee			
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıght			Office he	eld	
	experiorure to beriefit C/O	1								
	Date	Payee name)							
	08/06/2023	ActBlue								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$0.40	366 Summ								

	Expenditure from corporate funds	Somerville	MA 02144							
	PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b)	Description				
	OF	Fees	see categories isted at the top t	or triis scriedule)	()	_	utsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin, T	TX,	officeholder living	expense	
						Processing Fe	ee			
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name)							
	08/13/2023	ActBlue								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$99.75	366 Summ	•							
	4000		o. o. o.							
	Expenditure from corporate funds	Somerville	MA 02144							
	PURPOSE	() -			(h)	Description				
	OF	(a) Category (s	See Categories listed at the top of	of this schedule)	(5)	Description Check if travel out	utsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	rees				Check if Austin, T				
						Processing Fe	ee			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI				-					
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/31 Rpt: 26/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
08/20/2023	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.60	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
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 Processing Fee
	Flocessing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
08/27/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	366 Summer Street
, , ,	
Expenditure from corporate funds	Somerville, MA 02144
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
	Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/O	1
Date	Payee name
09/04/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$2.38	366 Summer Street
42.00	
Expenditure from corporate funds	Somerville, MA 02144
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
	Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
Sch: 6/31 Rpt: 27/52	Lone Star Project Nonfederal 00068390	
4 Date	5 Payee name	
09/11/2023	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$8.90	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
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 Processing Fee	
	Trocessing rec	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
		_
Date	Payee name	
09/19/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.60	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
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 Processing Fee	
	Flocessing Fee	
Commission ONLY if dispose	Constitute (Office helds	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
<u> </u>		_
Date	Payee name	
09/26/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.18	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
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.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Processing Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiditure to benefit C/O	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complet	te this form.
1	Total pages Schedule F1: Sch: 7/31 Rpt: 28/52	FILER NAME Lone Star Project Nonfederal	3 Filer ID (Ethics Commission Filers) 00068390
4	Date	5 Payee name	0000030
	10/03/2023	ActBlue	
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 366 Summer Street	
	Expenditure from corporate funds	Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/10/2023	ActBlue	
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 366 Summer Street	
	Expenditure from corporate funds	Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/17/2023	ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer Street	
	Expenditure from corporate funds	Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
Sch: 8/31 Rpt: 29/52	Lone Star Project Nonfederal		00068390
4 Date	5 Payee name		•
10/24/2023	ActBlue		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$0.40	366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
expenditure to benefit C/OI		ignt	Office field
Date	Payee name		
10/31/2023	ActBlue		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$0.20	366 Summer Street		
- Funanditura from			
Expenditure from corporate funds	Somerville, MA 02144		
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.
EXPENDITORE			Check if Austin, TX, officeholder living expense
			Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
experialitie to benefit C/Oi	1		
Date	Payee name		
11/07/2023	ActBlue		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.99	366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144		
		(h)	Description
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(n)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
			Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
expenditure to benefit C/OI		-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 9/31 Rpt: 30/52	Lone Star Project Nonfederal 00068390	
4 Date	5 Payee name	
11/14/2023	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$0.40	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Processing Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	=
11/21/2023	ActBlue	
Amount (\$) \$0.60	Payee address; City; State; Zip Code 366 Summer Street	
φ0.00	300 Suffiller Street	
Expenditure from corporate funds	Somerville, MA 02144	
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 Processing Fee	
	Frocessing ree	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Davies same	_
11/28/2023	Payee name ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.20	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
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.	
LAI LINDITORE	Check if Austin, TX, officeholder living expense	
	Processing Fee	
Operation Children	Our file to 10 ff and a later a constant and a cons	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
- p - 1.13.12 12 20.10.11 3701		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 10/31 Rpt: 31/52	Lone Star Project Nonfederal 00068390	
4 Date	5 Payee name	
12/05/2023	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$198.06	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Processing Fee	
	Frocessing Fee	
O Computate Chill V if allow	Constitute (Office helder no rec	_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
,		
Date	Payee name	
12/12/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.88	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
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	
	Processing Fee	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
37.50.10.10.10.10.10.10.11.07.01		
Date	Payee name	
12/19/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	_
\$99.35	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
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.	
LAI LNDITORE	Check if Austin, TX, officeholder living expense	
	Processing Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorare to benefit C/Of	п	

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 Committee
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/31 Rpt: 32/52	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	·
12/26/2023	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$7.13	366 Summer Street	
Expenditure from		
corporate funds	Somerville, MA 02144	
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
		Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l ught Office held
expenditure to benefit C/OI		
Date	Payee name	
12/31/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip C	ode
\$16.76	366 Summer Street	
, , ,		
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office soil	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
07/26/2023	Amalgamated Bank	
Amount (\$)	Payee address; City; State; Zip C	ode
\$81.46	1825 K Street NE	
Expenditure from corporate funds	Washington, DC 20006	
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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct	Condidate/Officeholder name Office con	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught 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

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: 12/31 Rpt: 33/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
08/25/2023	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$111.46	1825 K Street NE
Expenditure from corporate funds	Washington, DC 20006
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 Bank Fees
	Daily rees
O Commission ONULY II	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
09/27/2023	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$80.71	1825 K Street NE
Expenditure from corporate funds	Washington, DC 20006
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/27/2023	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$80.71	1825 K Street NE
Ψ00.71	
Expenditure from	Westigness DO 20000
corporate funds	Washington, DC 20006
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
	Danki ees
Complete ONLY if direct	Candidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p. 1	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/31 Rpt: 34/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
11/29/2023	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$80.50	1825 K Street NE
Expenditure from corporate funds	Washington, DC 20006
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 Bank Fees
	Dankiees
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
12/29/2023	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$130.92	1825 K Street NE
Expenditure from corporate funds	Washington, DC 20006
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 Bank Fees
	Dalik Fees
Operation ONE Wife discont	Out it is to the later and the second of the
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2023	Apollo Artistry
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1165 N Clark St
Expenditure from corporate funds	Chicago, IL 60610
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Digital Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	

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 Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 14/31 Rpt: 35/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
07/25/2023	Compliance Strategies LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	200 Adams St NE
Expenditure from corporate funds	Washington, DC 20002
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
	Compliance Consulting
	Compliance Constituing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/03/2023	First Bank Merchant Services
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 6600
— E	
Expenditure from corporate funds	Hagerstown, MD 21740
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	п
Date	Payee name
07/03/2023	First Bank Merchant Services
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 6600
Expenditure from corporate funds	Hagerstown, MD 21740
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to beliefit 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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 15/31 Rpt: 36/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
08/03/2023	First Bank Merchant Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19.95	PO Box 6600
Expenditure from corporate funds	Hagerstown, MD 21740
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Processing Fees
	i i i i i i i i i i i i i i i i i i i
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5 .	
Date	Payee name
08/03/2023	First Bank Merchant Services
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 6600
Expenditure from	
corporate funds	Hagerstown, MD 21740
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	
Date	Payee name
09/05/2023	First Bank Merchant Services
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 6600
Expenditure from corporate funds	Hagerstown, MD 21740
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
	Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	n

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 cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/31 Rpt: 37/52	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	•
09/05/2023	First Bank Merchant Services	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$19.95	PO Box 6600	
Expenditure from corporate funds	Hagerstown, MD 21740	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Processing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sour	ht Office held
expenditure to benefit C/OI		This office field
Date	Payee name First Bank Merchant Services	
10/03/2023		
Amount (\$)	Payee address; City; State; Zip Cod	de
\$19.95	PO Box 6600	
Expenditure from		
corporate funds	Hagerstown, MD 21740	
PURPOSE OF	,	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fees
		•
Complete ONLY if direct	Candidate/Officeholder name Office sout	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
10/03/2023	First Bank Merchant Services	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$19.95	PO Box 6600	
Expenditure from corporate funds	Hagerstown, MD 21740	
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
		Processing Fees
Complete CNU V Station	Condidate/Officeholder nerva	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht 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

Travel Contract Labor OTHER

	Credit Card Payment	ai CU	The Instruction Guide explains how to d		ete this form.
1	Total pages Schedule F1:	2			3 Filer ID (Ethics Commission Filers)
	Sch: 17/31 Rpt: 38/52		Lone Star Project Nonfederal		00068390
4	Date 11/03/2023	5	Payee name First Bank Merchant Services		
_		-		odo	
6	Amount (\$) \$19.95	7	Payee address; City; State; Zip C PO Box 6600	oue	
	Expenditure from corporate funds		Hagerstown, MD 21740		
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.
	EXPENDITORE				Check if Austin, TX, officeholder living expense Processing Fees
					11000000111910000
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office so	<u>I</u> ught	Office held
	Date		Payee name		
	11/03/2023		First Bank Merchant Services		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$19.95		PO Box 6600		
	Expenditure from corporate funds		Hagerstown, MD 21740		
	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 Processing Fees
					Frocessing rees
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	<u>I</u> ught	Office held
	Date		Payee name		
	12/04/2023		First Bank Merchant Services		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$19.95		PO Box 6600		
	Expenditure from corporate funds		Hagerstown, MD 21740		
	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 Processing Fees
					. 155555ing 1 555
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> ught	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 -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

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: 18/31 Rpt: 39/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
12/04/2023	First Bank Merchant Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19.95	PO Box 6600
Expenditure from corporate funds	Hagerstown, MD 21740
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Processing Fees
	i i i i i i i i i i i i i i i i i i i
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/06/2023	FrederickPolls LLC
Amount (\$)	Payee address; City; State; Zip Code
\$18,500.00	350 South 200 East
Expenditure from corporate funds	Salt Lake City, UT 84111
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Polling
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/25/2023	Glomb, Alyssa
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	2400 S Glebe Rd
Ψ-1,000.00	2400 O Close IVa
Expenditure from corporate funds	Arlington, VA 22206
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Stipend
	Superiu
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Firiting Expense Legal Services Salaries/Wages/Contract Labor

Credit Card Payment	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: 19/31 Rpt: 40/52	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	
08/25/2023	Glomb, Alyssa	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$4,000.00	2400 S Glebe Rd	
Expenditure from corporate funds	Arlington, VA 22206	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Stipend
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experiulture to beriefft C/O	1	
Date	Payee name	
09/25/2023	Glomb, Alyssa	
Amount (\$)	Payee address; City; State; Zip Cod	Δ
	2400 S Glebe Rd	
\$4,000.00	2400 S Glebe Ru	
Expenditure from corporate funds	Arlington, VA 22206	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	-	Check if Austin, TX, officeholder living expense
		Stipend
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	1	
Date	Payee name	
10/25/2023	Glomb, Alyssa	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$4,000.00	2400 S Glebe Rd	
Expenditure from		
corporate funds	Arlington, VA 22206	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Calaires, Trages, Cornilator, 2000.	Check if Austin, TX, officeholder living expense
		Stipend
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District 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: 20/31 Rpt: 41/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
07/12/2023	Haynes, Sean
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,000.00	901 West 9th St
	#312
Expenditure from corporate funds	Austin, TX 78703
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Research Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/03/2023	LexisNexis
Amount (\$)	Payee address; City; State; Zip Code
\$1,591.73	9443 Springboro Pike
Ψ1,551.75	5445 Springboro Fine
Expenditure from corporate funds	Miamisburg, OH 45342
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
	Subscription
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/19/2023	LexisNexis
Amount (\$)	Payee address; City; State; Zip Code
\$1,591.73	9443 Springboro Pike
Expenditure from	
corporate funds	Miamisburg, OH 45342
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
•	

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

g Expense Travel in Dis g Expense Travel Out of es/Wages/Contract Labor OTHER (en

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 21/31 Rpt: 42/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
08/23/2023	LexisNexis
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,591.73	9443 Springboro Pike
Expenditure from corporate funds	Miamisburg, OH 45342
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. Check if Austin, TX, officeholder living expense
	Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
10/25/2023	LexisNexis
Amount (\$)	Payee address; City; State; Zip Code
\$1,591.73	9443 Springboro Pike
Expenditure from corporate funds	Miamisburg, OH 45342
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.
Di Libilone	Check if Austin, TX, officeholder living expense
	Subscription
Commission Chill V M allin	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/25/2023	LexisNexis
Amount (\$)	Payee address; City; State; Zip Code
\$1,591.73	9443 Springboro Pike
Evanditus from	
Expenditure from corporate funds	Miamisburg, OH 45342
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/31 Rpt: 43/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
11/07/2023	LexisNexis
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,591.73	9443 Springboro Pike
Expenditure from corporate funds	Miamisburg, OH 45342
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payron namo
12/25/2023	Payee name LexisNexis
Amount (\$)	Payee address; City; State; Zip Code
\$1,591.73	9443 Springboro Pike
Expenditure from corporate funds	Miamisburg, OH 45342
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.
	Check if Austin, TX, officeholder living expense Subscription
	Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Data	Davisa sama
Date 07/11/2023	Payee name Lone Star Project - Federal Account
	·
Amount (\$)	Payee address; City; State; Zip Code
\$3,620.43	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Transfer (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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 Exervices struction Guid			Wages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed	above)
1	Total pages Schedule F1:	2						•		2	Filer ID	(Ethics Commi	ssion Filers)
-	Sch: 23/31 Rpt: 44/52		Lone Star P		Nonfodoral						00068390	(Ethios Commis	
		_		TOJECE	Nomedera						00000390		
4	Date	5	Payee name										
	07/25/2023		Lone Star P	roject	: - Federal A	ccount							
6	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip C	ode					
	\$3,832.64		6 E St SE										
	Expenditure from corporate funds		Washington	. DC 2	20003								
_		(-)						(4.)					
8	PURPOSE OF	(a) 	Category (Se	e Categ	ories listed at the	top of this sch	nedule)	(a)	Description	o.utoi	do of Toyon Cor	nnlata Cabadula T	
	EXPENDITURE		Transfer								officeholder livin	nplete Schedule T. a expense	
									Transfer for A				
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	cohold	or namo		Office so	uaht			Office h	old	
9	expenditure to benefit C/O		zariuluate/Offic	Jenolu	ei name		Jilice Sui	ugnt			Office	eiu	
	Date		Payee name										
	07/26/2023		Lone Star P	roject	- Federal A	ccount							
	Amount (\$)		Payee addres	SS:	City;	State	; Zip C	ode					
	\$24,988.47		6 E St SE	,	,,		,						
	Ψ24,000.41		0 L 01 0 L										
г	Expenditure from												
_	☐ corporate funds		Washington	, DC 2	20003								
	PURPOSE	(a)	Category (Se	e Categ	ories listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Transfer						=			nplete Schedule T.	
									—		officeholder livin		
									Transfer for A	AIIO	caleu Expe	lises	
								<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cehold	er name	(Office so	ught			Office h	eld	
	experientare to benefit eyer												
	Date		Payee name										
	09/05/2023		Lone Star P	roject	- Federal A	ccount							
	Amount (\$)	\vdash	Payee addres	ss:	City;	State	; Zip C	ode					
	\$9,499.05		6 E St SE	•	· ·								
	7-,												
Г	Expenditure from		Maabiaataa	DC (20002								
<u> </u>	corporate funds		Washington	, DC 2	20003								
	PURPOSE OF	(a)	Category (Se	e Categ	ories listed at the	top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Transfer									nplete Schedule T.	
									ш		officeholder livin		
									Transfer for A	ΛIIU	cateu ⊏xµe	11363	
	0 1: 0	L_					200	<u> </u>			·		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	cehold	er name	(Office so	ught			Office h	eld	
	S. portantaro to borient 0/01												

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 24/31 Rpt: 45/52	Lone Star Project Nonfederal 00068390	
4 Date	5 Payee name	
09/26/2023	Lone Star Project - Federal Account	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4,002.08	6 E St SE	
- Funanditura from		
Expenditure from corporate funds	Washington, DC 20003	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Transfer for Allocated Expenses	
	Transfer for Allocated Expenses	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	_
10/10/2023	Lone Star Project - Federal Account	
Amount (\$)	Payee address; City; State; Zip Code	_
\$9,900.00	6 E St SE	
Ψ3,300.00	02002	
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Transfer for Allocated Expenses	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	_
10/26/2023	Lone Star Project - Federal Account	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,511.71	6 E St SE	
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.	
LXI LIBITORE	Check if Austin, TX, officeholder living expense	
	Transfer for Allocated Expenses	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 25/31 Rpt: 46/52	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	•
11/07/2023	Lone Star Project - Federal Account	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$40,590.00	6 E St SE	
Expenditure from corporate funds	Washington, DC 20003	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Transfer	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transfer for Allocated Expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/Ol		differential
Date	Payee name	
12/04/2023	Lone Star Project - Federal Account	
Amount (\$)	Payee address; City; State; Zip Code	e
\$11,232.52	6 E St SE	
— E		
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Transfer	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Transfer for Allocated Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	1	
Date	Payee name	
12/22/2023	Lone Star Project - Federal Account	
Amount (\$)	Payee address; City; State; Zip Code	e
\$9,189.03	6 E St SE	
¥0,200.00	0 2 0.02	
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE		b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Transfer	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Transier	Check if Austin, TX, officeholder living expense
		Transfer for Allocated Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	4	

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 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: 26/31 Rpt: 47/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
12/27/2023	Lone Star Project - Federal Account
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$158.43	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2023	Mavromatis, Dotti
Amount (\$)	Payee address; City; State; Zip Code
\$125.37	330 S Columbus St
Expenditure from corporate funds	Alexandria, VA 22314
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
	Fundraising Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/11/2023	Panger, Josh
Amount (\$)	Payee address; City; State; Zip Code
\$6,940.00	619 Broadway
Expenditure from corporate funds	Lubbock, TX 79401
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.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Research Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to benefit 0/01	

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 27/31 Rpt: 48/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
07/31/2023	Panger, Josh
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,570.00	619 Broadway
Expenditure from corporate funds	Lubbock, TX 79401
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 Research Consulting
	Research Consulting
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	the state of the s
Date	Payee name
09/06/2023	Panger, Josh
Amount (\$)	Payee address; City; State; Zip Code
\$5,150.00	619 Broadway
Expenditure from corporate funds	Lubbock, TX 79401
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 Research Consulting
	Research Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/04/2023	Panger, Josh
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	619 Broadway
Expenditure from corporate funds	Lubbock, TX 79401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Research Consulting
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

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: 28/31 Rpt: 49/52	Lone Star Project Nonfederal 00068390			
4 Date	5 Payee name			
10/04/2023	Panger, Josh			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,711.25	619 Broadway			
- Funanditura from				
Expenditure from corporate funds	Lubbock, TX 79401			
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 Research Consulting			
	research consulting			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				
Date	Payee name			
11/08/2023	Panger, Josh			
	<u> </u>			
Amount (\$)				
\$7,371.25	619 Broadway			
Expenditure from corporate funds	Lubbock, TX 79401			
PURPOSE				
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	Check if Austin, TX, officeholder living expense			
	Research Consulting			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
12/08/2023	Panger, Josh			
Amount (\$)	Payee address; City; State; Zip Code			
\$6,267.68	619 Broadway			
- "				
Expenditure from corporate funds	Lubbock, TX 79401			
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.			
LXI LIBITORE	Check if Austin, TX, officeholder living expense			
	Research Consulting			
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 - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 29/31 Rpt: 50/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
11/08/2023	Perkins Coie LLP
6 Amount (\$) \$765.60	7 Payee address; City; State; Zip Code 1201 Third Avenue
Expenditure from corporate funds	Seattle, WA 98101
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Legal Services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
12/05/2023	Streets Tax and Admin
Amount (\$)	Payee address; City; State; Zip Code
\$2,544.00	5270 Shawnee Road
Expenditure from corporate funds	Alexandria, VA 22312
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Tax Prep
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/26/2023	Texas Legislative Council
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	1501 Congress Ave
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Records Request
Complete ONLY if direct expenditure to benefit C/O	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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 30/31 Rpt: 51/52	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	·
08/28/2023	Womack, Maureen	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,500.00	10729 Villager Road	
- Funanditura from		
Expenditure from corporate funds	Dallas, TX 75230	
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 Fundraising Consulting
		Turidialing Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
12/07/2023	Womack, Maureen	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1,500.00	10729 Villager Road	
Expenditure from corporate funds	Dallas, TX 75230	
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 Fundraising Consulting
		Tundraising Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sou	l ght Office held
expenditure to benefit C/O		
Date	Payee name	
11/29/2023	Yasmin Simon Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$5,000.00	PO Box 600756	
. ,		
Expenditure from corporate funds	Dallas, TX 75360	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
Superiority to boriorit 0/01	•	

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	Food/Beverage Expense Polling Expense Travel in District Glift/Awards/Memorials Expense Printing Expense Travel Out of District It 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:	
Sch: 31/31 Rpt: 52/52	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
12/20/2023	Yasmin Simon Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 600756
Expenditure from corporate funds	Dallas, TX 75360
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held