GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

| Th | he GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00080119 2 Total pages filed: 9 | | | | | |
|------------------|---|----------------------------------|----------------|------------------------|------------|--|
| 3 COMMITTEE NAME | | | | | | OFFICE USE ONLY |
| | Conservative Four | ndation of Texas | | | | |
| | | | | | | Date Received |
| | | | | | | ELECTRONICALLY FILED |
| | | | | | | 01/16/2024 |
| 4 | COMMITTEE | ADDRESS / PO BOX; APT / SUITE #; | CIT | Y; STATE; ZII | P CODE | |
| | ADDRESS | 15706 Echo Lane | | | | Dete Hend delligend en Dete Destructured |
| | _ | | | | | Date Hand-delivered or Date Postmarked |
| | Change of Address | Colmo TV 70154 | | | | |
| | | Selma, TX 78154 | | | | Receipt # Amount |
| | | | | | | |
| | | | | | | Date Processed |
| | | | | | | |
| | | | | | | Date Imaged |
| | | | | | | |
| 5 | CAMPAIGN | MS / MRS / MR FIRST | | | | MI |
| | TREASURER NAME | Mr. Robert W. | | | | |
| | | | | | | |
| | | NICKNAME LAST | | | | SUFFIX |
| | | Bueker | | | | |
| | | | | | | |
| <u> </u> | 04404 | | -\ | | | |
| 6 | CAMPAIGN TREASURER | STREET ADDRESS (NO PO BOX PLEAS | =); | APT / SUITE #; | CITY; | STATE; ZIP CODE |
| | STREET | 15706 Echo Lane | | | | |
| | ADDRESS | | | | | |
| | (Residence or Business) | Selma, TX 78154 | | | | |
| 7 | CAMPAIGN | STREET OR PO BOX; | | APT / SUITE #; | CITY | ; STATE; ZIP CODE |
| | TREASURER | 1921 Stonehill Dr. | | | | |
| | MAILING ADDRESS | | | | | |
| | | | | | | |
| | Change of Address | Fort Worth, TX 76247 | | | | |
| 8 | CAMPAIGN | AREA CODE PHONE NUMBER | F | XTENSION | | |
| ľ | TREASURER (460) 262-7040 | | | | | |
| | PHONE | | | | | |
| 0 | REPORT | | | | - | _ |
| 3 | TYPE | X January 15 | 30 | th day before election | | Dissolution (Attach PAC-DR) |
| | | | 8th | day before election | | 10th day after campaign treasurer |
| | | July 15 | | - | L | termination |
| | | | Ru | noff | | |
| 10 | PERIOD | Month Day Year | | Month | Day | Year |
| - | COVERED | 07/01/2023 | T⊦ | | 12/31/2023 | |
| | | | | - | , ; 1, 202 | - |
| 11 | ELECTION | ELECTION DATE | | ELECTIO | | |
| 111 | ELECTION | | -1 | | NITE | Othor |
| | | Month Day Year 05/06/2023 | | rimary Runoff | | X Other |
| | | | G | eneral Special | | School Board Trustees |
| | | | _ | | | |
| - | | I | | | | |
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| | | G | וכ | O PAGE 2 | | |
| For | ms provided by Te | xas Ethics Commission www | .et | nics.state.tx.us | | Version V3.5.1.0bfcfb67 |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|---------------|----------------------------|
| Conservative Foundatio | n of Texas | | 00080119 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Jon Pendergrass NISD Truste | e Place 6 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 203.95 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL C OF THE REPORTING | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 956.28 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | | I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code. | | |
| | | Mr. Robert | W. Bueker | |
| | | Signature of Car | npaign Treası | Irer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | before me, by the said | , tł | nis the | day |
| of | , 20, to certify v | vhich, witness my hand and seal of office. | | |
| Signature of officer adr | ninistering oath | Printed name of officer administering oath | Title of offi | cer administering oath |
| Forms provided by Texas E | thics Commission | www.ethics.state.tx.us | | Version V3.5.1.0bfcfb67 |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 3 of 9

| 12 COMMITTEE NAME 13 Filer ID (Ethics Commission | | | | (Ethics Commission Filers) | | | | |
|---|--|-------|-----------|----------------------------|-------------|--------|-----------|--|
| Conservative Foundatio | n of Texas | | | | | | 00080119 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Supported | Jennifer Stephe | ns NISD Tru | ustee | - Place 5 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. (| Opposed | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. S | Supported | | | | | |
| | | В. (| 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.) | | Supported | Michelle Slater | NISD Truste | ee - P | lace 7 | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. (| Opposed | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. \$ | Supported | | | | | |
| | | B. (| Opposed | | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | | |
| | | | | | | | | |
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FORM GPAC COVER SHEET PG 3

| 4 of 9 | |
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| 4 | | | 40 51 10 | (=1) | |
|-------------|-------------------|--|----------------|--------------|----------|
| 17 CO Co | MMITTE nservat | 18 Filer ID 00080119 | (Ethics Commis | sion Filers) | |
| | | E SUBTOTALS | | | L AMOUNT |
| NAI | ME OF S | SCHEDULE | | 3001017 | |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 0.00 |
| 2. | Х | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 |
| 3. | Х | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | R | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION | TION OR | \$ | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG. | ANIZATION | \$ | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O | ORGANIZATION | \$ | |
| 9. | Х | SCHEDULE E: LOANS | | \$ | 0.00 |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 203.95 |
| 11. | Х | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 |
| 12. | Х | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | 0.00 |
| 13. | Х | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 |
| 14. | Х | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO | DNS | \$ | 12.00 |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | |
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SUBTOTALS - GPAC

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Conservative Foundation of Texas 00080119 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

| LOANS | | SCHEDUL | .е Е |
|---|----------------------|---|---------|
| The Instruction Guide explains how to complete this form. | - | iges Schedule E: 1 Rpt: 6/9 | |
| 2 FILER NAME Conservative Foundation of Texas | 3 Filer ID 000801 | (Ethics Commission F 19 | -ilers) |
| ⁴ TOTAL OF UNITEMIZED LOANS | | \$ | 0.00 |
| 5 Date of loan 7 Name of lender out-of-state PAC (ID#: |) | 9 Loan Amount (\$) | |
| 6 Is lender a financial institution? 8 Lender address; City; State; Zip Code | | 10 Interest Rate11 Maturity Date | |
| | | | |
| 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) | ;) | | |
| 14 Description of Collateral 15 Check if personal funds we None | ere deposited | d into political account (See Instructions) | |
| Information Information | | 19 Amount Guarantee | ed (\$) |
| not applicable 18 Guarantor address; City; State; Zip Code | | | |
| | | | |
| 20 Principal occupation 21 Employer (See Instructions) | ;) | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|---|--|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/9 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Conservative Foundation of Texas 00080119 |
| 4 Date 07/10/2023 | 5 Payee name McCaffity, Curtis |
| 6 Amount (\$) \$203.95 | 7 Payee address; City; State; Zip Code 14508 Iron Horse way |
| Expenditure from corporate funds | Fort worth, TX 78023 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for printing |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
| | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| OF EXPENDITURE Office Overhead/Rental Expense July Bank Statement Fee Date Payee name 08/31/2023 Bank of Texas Amount (\$) Payee Address; City; State; Zip 2.00 PO Box 29775 Expenditure from corporate funds Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of Inform August Bank Statement Fee Date Payee name Office Overhead/Rental Expense (b) Description (See instructions regarding type of Inform August Bank Statement Fee Date Payee name Payee Address; City; State; Zip (b) Description (See instructions regarding type of Inform August Bank Statement Fee 2.00 PO Box 29775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of Inform September Bank Statement Fee Date Payee Address; City; State; Zip (b) Description (See instructions regarding type of Inform September Bank Statement Fee Date Payee name Office Overhead/Rental Expense (b) Description (See instructions regarding type of Inform September Bank Statement Fee Date Payee name Office Overhead/Rental Expense (b) Description (See instructions regarding type of Inform Septemb | Total pages Schedule I: Sch: 1/2 Rpt: 8/9 | 2 FILER NAME Conservative Foundation of Texas | 3 Filer ID (Ethics Commission Filers 00080119 |
|--|--|---|--|
| 2.00 PO Box 29775 Dalas, TX 75229-0775 Office Overhead/Rental Expense (b) Description (See instructions regarding type of inform July Bank Statement Fee Date Payee name 08/31/2023 Bank of Texas Amount (\$) Payee Address; City; State; Zip 2.00 PO Box 29775 Expenditure from comporter funds Dallas, TX 75229-0775 PURPOSE (a) Category (See instructores for examples of acceptable categories) (b) Description Comporate funds Dallas, TX 75229-0775 PURPOSE (a) Category (See instructores for examples of acceptable categories) (b) Description Optice Overhead/Rental Expense (b) Description (See instructions regarding type of inform August Bank Statement Fee Date Payee name See instructions regarding type of inform August Bank Statement Fee 09/30/2023 Bank of Texas Amount (\$) Payee Address; City; State; Zip PO Box 29775 2.00 PO Box 29775 See instructions regarding type of inform August Bank Statement Fee 12:spenditure from comporter funds Dallas, TX 75229-0775 (b) Description (See instructions regarding type of inform Comporter funds) 10:3012/2023 Bank of Texas September Bank Statement Fee September Bank Statement Fee 10:3012/2023 Bank | | , | · |
| PURPOSE CF EXPENDITURE (a) Category (See instructions for examples of acceptable categores) Office Overhead//Rental Expense (b) Description (See instructions regarding type of inform July Bank Statement Fee Date Payee name Bank of Texas July Bank Statement Fee Amount (\$) Payee Address; 2.00 City; State; Zip PO Box 29775 July Bank Statement Fee PurpoSE Corporate funds (a) Category (See instructions for examples of acceptable categories) Office Overhead//Rental Expense (b) Description (See instructions regarding type of inform August Bank Statement Fee Date Payee name Office Overhead//Rental Expense (b) Description (See instructions regarding type of inform August Bank Statement Fee Date Payee name Office Overhead//Rental Expense (b) Description (See instructions regarding type of inform August Bank Statement Fee Date Payee Address; 2.00 City; State; Zip PO Box 29775 (b) Description (See instructions regarding type of inform September Bank Statement Fee Date Payee name Office Overhead//Rental Expense (b) Description (See instructions regarding type of inform September Bank Statement Fee Date Payee name Data (Stategory (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform September Ban | 2.00 Expenditure from | PO Box 29775 | |
| 08/31/2023 Bank of Texas Amount (\$) Payee Address; City; State; Zip PO Box 29775 Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform Date Payee name 09/30/2023 Bank of Texas Amount (\$) Payee Address; City; State; Zip 2.00 PO Box 29775 2.00 PO Box 29775 2.00 PO Box 29775 Corporate funds Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description Septemborrure (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description Septemborrure Ga Category (See instructions for examples of acceptable categories) 0/31/2023 Bank of Texas Amount (\$) Payee name 0/31/2023 Bank of Texas Amount (\$) Payee Address; 2.00 PO Box 29775 2.00 PO Box 29775 | PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) | |
| 2.00 PO Box 29775 Dallas, TX 75229-0775 Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform August Bank Statement Fee Date Payee name August Bank Statement Fee 09/30/2023 Bank of Texas Po Box 29775 Amount (\$) Payee Address; City; State; Zip PO Box 29775 2.00 PO Box 29775 Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform September Bank Statement Fee 0/31/2023 Bank of Texas September Bank Statement Fee PURPOSE Office Overhead/Rental Expense (b) Description (See instructions regarding type of inform September Bank Statement Fee 10/31/2023 Bank of Texas September Bank Statement Fee 2.00 Po Box 29775 PO Box 29775 2.00 Payee Address; City; State; Zip Po Box 29775 2.00 Payee Address; City; State; Zip PO Box 29775 2.00 Po Box 29775 PO Box 29775 2.00 Po Box 29775 Description (See instructions regarding type of inform September Bank Stat | | - | |
| corporate funds Dallas, TX 75229-0775 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of inform August Bank Statement Fee Date Payee name | 2.00 | | |
| 09/30/2023 Bank of Texas Amount (\$) Payee Address; City; State; Zip 2.00 PO Box 29775 2.00 Dallas, TX 75229-0775 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of inform September Bank Statement Fee Date 10/31/2023 Payee name Bank of Texas September Bank Statement Fee Amount (\$) Payee Address; City; State; Zip PO Box 29775 2.00 Payee Address; City; State; Zip PO Box 29775 Expenditure from corporate funds Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform September Bank Statement Fee | corporate funds PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) | |
| 2.00 PO Box 29775 Expenditure from corporate funds Dallas, TX 75229-0775 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of inform September Bank Statement Fee Date Payee name 10/31/2023 Bank of Texas Amount (\$) Payee Address; City; State; Zip PO Box 29775 2.00 Dallas, TX 75229-0775 Expenditure from corporate funds Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform September Bank Statement Fee | | - | |
| PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of inform September Bank Statement Fee Date Payee name September Bank Statement Fee 10/31/2023 Bank of Texas Image: City; State; Zip Amount (\$) Payee Address; City; State; Zip PO Box 29775 2.00 Dallas, TX 75229-0775 Image: City (See instructions for examples of acceptable categories) (b) Description PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform | 2.00 Expenditure from | PO Box 29775 | |
| 10/31/2023 Bank of Texas Amount (\$) Payee Address; City; State; Zip 2.00 PO Box 29775 Expenditure from corporate funds Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform | PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) | |
| 2.00 PO Box 29775 Expenditure from corporate funds Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform | | | |
| corporate funds Dallas, TX 75229-0775 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of inform | 2.00 | | |
| | | | |
| OF Office Overhead/Rental Expense October Bank Statement Fee | OF | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | | | |
|--|--|--|--|--|--|
| . Total pages Schedule I: Sch: 2/2 Rpt: 9/9 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Conservative Foundation of Texas 00080119 | | | | |
| Date 11/30/2023 | 5 Payee name Bank of Texas | | | | |
| Amount (\$) 2.00 Expenditure from corporate funds | 7 Payee Address; City; State; Zip PO Box 29775 Dallas, TX 75229-0775 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Office Overhead/Rental Expense November Bank Statement Fee | | | | |
| Date 12/31/2023 | Payee name Bank of Texas | | | | |
| Amount (\$) 2.00 Expenditure from corporate funds | Payee Address; City; State; Zip PO Box 29775 Dallas, TX 29775-0775 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Office Overhead/Rental Expense December Bank Statement Fee | | | | |
| | | | | | |
| | | | | | |