#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00038214 Date Received COMMITTEE Conservative Republicans of Texas **ELECTRONICALLY FILED** NAME 01/23/2024 TREASURER Standley, Bart C. (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed Other (specify) 8th day before election ORIGINAL PERIOD Month Year Month Day Year Day Date Imaged **COVERED THROUGH** 07/01/2023 12/31/2023 **EXPLANATION OF CORRECTION** The original report omitted transactions that should have been reported on Schedules A-1, F-1 and K. These transactions have been added in this corrected report. But for the ice storm that caused many Houston area businesses and government offices to be closed on the final day of filing, January 16, overlooking these omitted transactions might not have occurred. The error was discovered on January 17 and corrected on January 23. The original report was was made in good faith and without any intent to mislead or misrepresent the information contained in the report. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Bart C. Standley Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

#### 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) 00038214 3 COMMITTEE NAME **OFFICE USE ONLY** Conservative Republicans of Texas Date Received **ELECTRONICALLY FILED** 01/23/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 75190 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77234 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Bart C. NAME NICKNAME LAST **SUFFIX** Standley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 75190 STREET **ADDRESS** (Residence or Business) Houston, TX 77234 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 75190 MAILING **ADDRESS** Houston, TX 77234 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 545-7644 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)
Conservative Republicans of Texas 000			00038214	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	15,679.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,507.40
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	685,656.43
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Bart C	C. Standley	
		Signature of Car	npaign Treasu	rer
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

4 of 10					4 of 10
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Commi	ssion Filers)
Co	Conservative Republicans of Texas 00038214				,
19 SCHEDULE SUBTOTALS					
NAME OF SCHEDULE					AL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,100.00
-					
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				<u> </u>	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	ш			<u> </u>	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$	
, ·	Ш	ORGANIZATION		Φ	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.		ORGANIZATION		\$	
				-	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
	<u> </u>			ļ	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	<b> </b>	15,679.20
10.		SCHEDOLE 11. I GERMONE EXI ENDITORES FROM I GERMONE CONTRIBUTIONS	,	Φ	15,079.20
44		COLUED HILE FOR LINIDAID INICIADED OR LOATIONS			
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				<u> </u>	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				-	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	47.75
		TO FILER			
l					
ı					

	MONET	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this for	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/10	
2	FILER NAME Conservative	e Republicans of Texas			3	Filer ID (Ethics Commission 00038214	on Filers)
4	Date 09/13/2023	<ul><li>5 Full name of contributor Adams, Norman</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$4,000.00
_		Houston, TX 77008	\		<u></u>		
8	Principal occu Insurance	pation / Job title (See Instructions	9	Employer (See Instructions Adams Insurance	5)		
	Date 10/23/2023	Full name of contributor Adams, Norman Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code	)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	Houston, TX 77008 pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Insurance	(000		Adams Insurance	,		
	Date 11/29/2023	Full name of contributor Adams, Norman Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$4,000.00
		Houston, TX 77008					
	Principal occu Insurance	pation / Job title (See Instructions	5)	Employer (See Instructions Adams Insurance	5)		
	Date 10/10/2023	Full name of contributor Dave Martin Campaign Contributor address; City; S Houston, TX 77046		)	•	Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 08/18/2023	Full name of contributor Supple, Jeremiah Contributor address; City; S LaFayette, LA 79508	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	s)		

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### 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/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 6/10	Conservative Republicans of Texas 00038214
4 Date	5 Payee name
08/18/2023	Anedot.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.20	P.O. Box 84314
— Foresedit we from	
Expenditure from corporate funds	Baton Rouge, LA 77884
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.
	Credit Card Processing Fees
	Greate State 1 100033ing 1 003
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/01/2023	Authorize.net
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	PO Box 947
Expenditure from	
corporate funds	American Fork, TX 84003
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.
	Cradit Cord Processing Food
	Credit Card Processing Fees
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
08/01/2023	Authorize.net
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	PO Box 947
Expenditure from	
corporate funds	American Fork, TX 84003
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 LINDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fees
Complete ONII V & direct	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### 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 Salarice Magnet/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 com	plete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 7/10	Conservative Republicans of Texas	00038214
4 Date	5 Payee name	•
09/01/2023	Authorize.net	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$25.00	PO Box 947	
Expenditure from corporate funds	American Fork, TX 84003	
8 PURPOSE	,	b) Description
OF EXPENDITURE	Fees	Check if Austin TX efficiended by interest and complete Schedule T.
		Credit Card Processing Fees
		Ground State 1 1000000 ing 1 0000
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI		IL Office field
<u> </u>	<u> </u>	
Date	Payee name	
10/01/2023	Authorize.net	
Amount (\$)	Payee address; City; State; Zip Code	е
\$25.00	PO Box 947	
Expenditure from		
corporate funds	American Fork, TX 84003	
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.
LAFLINDITORL		Check if Austin, TX, officeholder living expense
		Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht Office held
Date	Payee name	
11/01/2023	Authorize.net	
Amount (\$)	Payee address; City; State; Zip Code	е
\$25.00	PO Box 947	
Expenditure from corporate funds	American Fork, TX 84003	
PURPOSE	 	b) Description
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 663	Check if Austin, TX, officeholder living expense
		Credit Card Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI	1	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### 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 co	mplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID	(Ethics Commission Filers)
Sch: 3/4 Rpt: 8/10	Conservative Republicans of Texas		00	038214	
4 Date	5 Payee name				
12/01/2023	Authorize.net				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$25.00	PO Box 947				
Expenditure from corporate funds	American Fork, TX 84003				
8 PURPOSE	(6) 6	(b) Descr	rintion		
OF	(a) Category (See Categories listed at the top of this schedule)  Fees		neck if travel outside of	Texas. Com	plete Schedule T.
EXPENDITURE		. —	neck if Austin, TX, offic		
		Cred	lit Card Proces	sing Fee	S
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght		Office he	eld
experialiture to benefit C/O	'				
Date	Payee name				
10/26/2023	CRTX News				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$5,500.00	20214 Braidwood				
Expenditure from corporate funds	Katy, TX 77450				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription		
OF EXPENDITURE	Advertising Expense		neck if travel outside of	Texas. Com	plete Schedule T.
EXPENDITORE	• ,		neck if Austin, TX, offic		expense
		Cons	servative Politic	al News	
		<u> </u>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght		Office he	eld
Date	Payee name				
10/03/2023	Independent Bank				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$25.00	4120 Bellaire Blvd				
Expenditure from					
corporate funds	Houston, TX 77025				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription		
OF EXPENDITURE	Accounting/Banking		neck if travel outside of		•
EXI ENDITORE		. —	neck if Austin, TX, offic	eholder living	expense
		vvire	transfer Fees		
Complete CMI V if direct	Condidate/Officeholder nems	l abt		Office he	ald.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgrıt		Onice ne	eiu

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### 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 Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 9/10	Conservative Republicans of Texas  00038214
	<u> </u>
4 Date	5 Payee name
10/16/2023	Woodfill Law Firm
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	3 Riverway
	Suite 750
Expenditure from corporate funds	Houston, TX 77050
8 PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule)  Legal Services  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Legal Fees
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Conservative Republicans of Texas 00038214 5 Name of person from whom amount is received 8 Amount (\$) Date 08/24/2023 \$47.75 Independent Bank 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77025 Purpose for which amount is received Check if political contribution returned to filer Refund of Service Charges