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) 00050436 3 COMMITTEE NAME **OFFICE USE ONLY** Dallas/Fort Worth Conservative Voters Date Received **ELECTRONICALLY FILED** 02/04/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 173065 Date Hand-delivered or Date Postmarked Change of Address Arlington, TX 76003 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Stuart M. NAME NICKNAME LAST **SUFFIX** Lane STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** P.O. Box 173065 STREET **ADDRESS** (Residence or Business) Arlington, TX 76003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 173065 MAILING **ADDRESS** Arlington, TX 76003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 609-4041 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Dallas/Fort Worth Co	nservative Voters	00050436			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Christi Craddick Railroad Com	missioner		
(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.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N X check here if this report	D 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	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,100.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	9,564.59	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT	1		<u>'</u>		
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.			
		Mr. Stual	rt M. Lane		
Signature of Campaign Treasurer					
AFFIX NOTAF	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed before me, by the said _	, th	nis the	day	
		which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	r administering oath	

FORM GPAC ADDENDUM

Page 3 of 9

MMITTEE NAME las/Fort Worth Consormal MMITTEE FIVITY ach lists on plain er to complete this ort if necessary.)	2. Measures (Describe by date and location of election and nature of issue.)		John Devine Supreme Court Just	13 Filer ID (Ethics Commission Filers) 00050436 stice
MMITTEE FIVITY ach lists on plain er to complete this	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)	B. Opposed A. Supported	John Devine Supreme Court Jus	
FIVITY ach lists on plain er to complete this	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)	B. Opposed A. Supported	John Devine Supreme Court Jus	stice
er to complete this	(Describe by date and location of election and nature of issue.)	A. Supported		
	(Describe by date and location of election and nature of issue.)			
	3. Officeholders	B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
MMITTEE FIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		David Scheneck Court of Crimin	al Appeals, Presiding Judge
ach lists on plain er to complete this ort if necessary.)		B. Opposed		
	2. 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.)			
MMITTEE FIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Gina Parker Court Of Criminal A	ppeals, Judge
ach lists on plain er to complete this ort 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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Dallas/Fort Worth Conservative Voters 00050436								Page 4 01 9
1. Candidates (destrict by paramer of a paper to complete this report if necessary.) 2. Measures (Destrict by paramer of applicable (destrict) by party) 2. Measures (Destrict by party) 2. Measures (Destrict by party) 3. Officeholders (destrict by party) 4. Supported Lee Finley Court Of Criminal Appeals, Judge (destrict by party) 5. Officeholders (destrict by party) 6. Opposed (destrict by party) 8. Opposed (destrict by party) 8. Opposed (destrict by party) 8. Opposed (destrict by party) COMMITTEE (ACTIVITY (destrict by party) 6. Opposed (destrict by party) 8. Opposed (destrict by party) 9. Opposed (destrict by party) 10. Candidates (destrict by party) 11. Candidates (destrict by party) 12. Measures (destrict by party) 13. Officeholders (destrict by party) 14. Supported (destrict by party) 15. Opposed (destrict by party) 16. Opposed (destrict by party) 17. Opposed (destrict by party) 18. Opposed (destrict by party) 19. Opposed (destrict by								(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and Paper) 2. Measures (Describe by date and Paper) 3. Officeholders ASSISEd (Describe by date and Paper) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and Response of Path hardy State Board Of Education described by date and Response of States) (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 2. Measures (Describe by date and Response of States) (Describe by date and Response (Describe b	Dallas/Fort Worth Conservative Voters						00050436	
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Committee Comm		paper to complete this		B. Opposed				
3. Officeholders Assisted Genetity 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 nature of Issue.) 3. Officeholders Assisted (Describe by date) 4. Supported 5. Deposed 2. Measures (Describe by date and nature of Issue.) B. Opposed 3. Officeholders Assisted (Describe by date) (Attach lists on plain paper to complete this report if necessary.) 4. Supported (Stephanie Klick State Representative describ) 5. Opposed 6. Opposed 7. Supported 8. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (destriby by name or, if applicable, classify by party), applicable, classify by party applicable, classify by party apper to complete this report if necessary.) 8. Opposed 9. Opposed 1. Candidates (destrib) by name or, if applicable, classify by party applicable, classify by party applicable, classify by party A. Supported Opposed 8. Opposed 9. Opposed 1. Candidates Opposed 1. Supported Opposed Opposed Opposed 1. Supported Opposed O			(Describe by date and location of election and	A. Supported				
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(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Stephanie Klick State Representative (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported Stephanie Klick State Representative (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed		paper to complete this		B. Opposed				
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE 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 B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed			(Describe by date and location of election and	A. Supported				
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paper to complete this report if necessary.) 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			(Identify by name or, if		Stephanie Klick	State Represen	tative	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if		paper to complete this		B. Opposed				
3. Officeholders Assisted (Identify by name or, if			(Describe by date and location of election and	A. Supported				
Assisted (Identify by name or, if				B. Opposed				
applicable, classify by party.)			Assisted (Identify by name or, if					
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		Page 5 01 9
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Dallas/Fort Worth Conservative Voters		00050436
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party	A. Supported Cheryl Bean State Represen	tative
(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	
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 Giovanni Capriglione State R	epresentative
(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	
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 Patricia Bennett District Judg	e
(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	.,,	

Page 6 01 9
13 Filer ID (Ethics Commission Filers)
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Dallas/Fort Worth Cons	ervative Voters			00050436	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dale Clark Constable		
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Joe D Johnson Constable		
	(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			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.))			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Kiefer Constable		
	(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			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			8 of 9		
17 COMMITTE Dallas/Fort	E NAME t Worth Conservative Voters	18 Filer ID 00050436	(Ethics Commission Filers)		
19 SCHEDULE NAME OF S	SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$		
9.	SCHEDULE E: LOANS		\$		
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$		
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CO	;	SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					nedule A1: 9/9
2	FILER NAME Dallas/Fort Worth Conservative Voters					s Commission Filers)
4	Date 01/15/2024 5 Full name of contributor out-of-state PAC (ID#:) Bryan, William 6 Contributor address; City; State; Zip Code			7 Amount of Cont	ribution (\$) \$100.00	
		Arlington, TX 76001				
8	Principal occu Education	pation / Job title (See Instructions)	<u> </u>	9 Employer (See Instructions	s)	
	Date Full name of contributor out-of-state PAC (ID#:) 01/24/2024 HINOJOSA, Jeremy Contributor address; City; State; Zip Code				Amount of Cont	ribution (\$) \$1,000.00
	Dringing! gage	Waco, TX 76708	-	Employer (See Instructions		
	Accounting	pation / Job title (See Instructions)	S)			