#### 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) 00065835 3 COMMITTEE NAME **OFFICE USE ONLY** Grassroots America - We the People PAC Date Received **ELECTRONICALLY FILED** 02/04/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 130012 Date Hand-delivered or Date Postmarked Change of Address Tyler, TX 75713 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jimmie F. NAME NICKNAME LAST **SUFFIX** Taylor STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 275 VZ CR 4906 STREET **ADDRESS** (Residence or Business) Ben Wheeler, TX 75754 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 328 S. Broadway MAILING **ADDRESS** Tyler, TX 75702 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 530-6040 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	on Filers)
Grassroots America - We the People PAC	;	00065835	
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by pa	A. Supported Dale Huls State Representativ	ve	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures  (Describe by date and loo of election and nature of the second s			
	B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by pa	ty.)		
TOTALS PLEDGES, LOACONTRIBUTIO	MIZED POLITICAL CONTRIBUTIONS (OTHER THAN ANS, OR GUARANTEES OF LOANS, OR NS MADE ELECTRONICALLY) report qualifies for the higher itemization threshold	\$	1,341.36
	FICAL CONTRIBUTIONS  I PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,800.05
EXPENDITURE 3. TOTAL UNITED TOTALS	MIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLI	FICAL EXPENDITURES	\$	11,881.79
	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST RTING PERIOD		37,732.63
	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T THE REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		•	
	I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
	Mr. Jimmi	ie F. Taylor	
	Signature of Car	mpaign Treasurer	
AFFIX NOTARY STAMP / SEAL ABO	DVE		
Sworn to and subscribed before me, by the sa	aid, th	his the da	ay
	ertify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering or	ath

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						-
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Grassroots America - W	e the People PAC				00065835	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Brent Money	State Representati	ive	
(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	1. Candidates	A. Supported	Daniel Alders	State Representat	tive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			•		
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Brian Harrison	State Representa	ative	
(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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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Grassroots America - W	/e the People PAC				00065835	
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Tom Glass Sta	ate Representative	9	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		David Covey S	State Representati	ve	
(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.)		Dennis Londor	State Represent	ative	
(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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OMMITTEE NAME rassroots America - W OMMITTEE CTIVITY  attach lists on plain aper to complete this port if necessary.)	/e the People PAC  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted		ported	Wesley Virdell State Representa	13 Filer ID 00065835 ative	(Ethics Commission Filers)
OMMITTEE CTIVITY .ttach lists on plain aper 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.)  3. Officeholders	B. Opp	ported	Wesley Virdell State Representa		
OMMITTEE CTIVITY .ttach lists on plain aper 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.)  3. Officeholders	B. Opp	ported	Wesley Virdell State Representa		
aper to complete this	(Describe by date and location of election and nature of issue.)  3. Officeholders	A. Sup	ported			
	(Describe by date and location of election and nature of issue.)  3. Officeholders		-			
		В. Орр	osed			
	(Identify by name or, if applicable, classify by party.)	)				
OMMITTEE	1. Candidates	A. Sup	ported	Devvie Duke State Representati	ive	
CTIVITY	(Identify by name or, if applicable, classify by party.)			η		
ttach lists on plain aper to complete this port if necessary.)		В. Орр	osed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported			
		В. Орр	osed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	)				
OMMITTEE CTIVITY	Candidates  (Identify by name or, if	A. Sup	ported	Mike Olcott State Representativ	е	
attach lists on plain aper to complete this port if necessary.)		В. Орр	osed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported			
		В. Орр	osed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	)				
	DMMITTEE CTIVITY  ttach lists on plain per to complete this	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ttach lists on plain per to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DIMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposition of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposition of election and nature of issue.)  3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Example 2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DIMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Mike Olcott State Representative  Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by name or, if appl	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DIMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported Mike Olcott State Representative (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed

# FORM GPAC ADDENDUM

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OMMITTEE NAME rassroots America - W OMMITTEE CTIVITY  attach lists on plain aper to complete this port if necessary.)	/e the People PAC  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)		Andy Hopper State Representa	13 Filer ID 00065835 tive	(Ethics Commission Filers)
OMMITTEE CTIVITY  attach lists on plain aper to complete this	Candidates (Identify by name or, if applicable, classify by party.)      Measures (Describe by date and location of election and	B. Opposed	Andy Hopper State Representat		
CTIVITY attach lists on plain aper to complete this	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and	B. Opposed	Andy Hopper State Representati	tive	
aper to complete this	(Describe by date and location of election and				
	(Describe by date and location of election and	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
OMMITTEE CTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Mitch Little State Representative	9	
attach lists on plain aper to complete this port 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.)				
OMMITTEE CTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Liz Case State Representative		
attach lists on plain aper to complete this port 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.)				
= C C	DMMITTEE CTIVITY  ctach lists on plain per to complete this	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  CMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ctach lists on plain per to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DIMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Opposed  4. Supported  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed  B. Opposed	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DIMITTEE CITIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  Liz Case State Representative  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  TIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Tach lists on plain per to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

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e the People PAC  1. Candidates (Identify by name or, if	A. Supported			<b>13</b> Filer ID 00065835	(Ethics Commission Filers)
1. Candidates	A. Supported			00065835	
	A. Supported				
applicable, classify by party.)		Jamie Haynes	State Represent	ative	
	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.)					
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Barry Wernick	State Represent	ative	
	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.)					
1. Candidates (Identify by name or, if applicable, classify by party.)		John Perez Sta	te Representativ	/e	
	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.)					
	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Opposed  A. Supported B. Opposed  A. Supported B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed	(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.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  B. Opposed  5. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  6. Supported  7. Supported  8. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Supported  9. Supported  1. Supported  1. Supported  1. Supported  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  1. Supported  1. Supported  1. Supported  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  1. Supported  1. Supported  1. Supported  1. Supported  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Describe by date and location of election and nature of issue.)    B. Opposed	Describe by date and location of election and nature of issue.)

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Grassroots America - W		_		00065835	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Paulette Carson State Represer	ntative	
(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	1. Candidates	A. Supported	Matthew Morgan State Represe	ntative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		j .		
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Shelley Luther State Representa	ative	
(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.)				
	applicable, classify by party.)				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Grassroots America - W	e the People PAC			00065835	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kerri Kingsbery 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	Candidates     (Identify by name or, if applicable, classify by party.)		Kyle Biedermann State Represe	entative	
(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.)		A J Louderback State Represer	ntative	
(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.)				
	Officeholders     Assisted (Identify by name or, if				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Grassroots America - W	e the People PAC			00065835	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Vince Gallo State Representation	ve	
(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.)		Wayne Richard State Represer	ntative	
(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.)		Steve Toth State Representativ	re	
(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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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Grassroots America - W	e the People PAC			00065835
	Candidates (Identify by name or, if applicable, classify by party.)		Daren Meis State	Representative
paper to complete this		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.)			
	Candidates (Identify by name or, if applicable, classify by party.)		David Schenck C	ourt of Criminal Appeals, Presiding Judge
paper to complete this		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.)			
	Candidates     (Identify by name or, if applicable, classify by party.)		Agent Gina Parke	r Court Of Criminal Appeals, Judge
paper to complete this		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.)			
		Grassroots America - We the People PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  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.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  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.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted  (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted	Grassroots America - We the People PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  A. Supported  (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  COMMITTEE  A. Supported  (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  A. Supported  (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  A. Supported  (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  A. Supported  (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  A. Supported  (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  A. Supported  (Identify by name or, if applicable, classify by party.)	Grassroots America - We the People PAC COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of leateon and nature of lasee.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  E. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  E. Opposed  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  E. Opposed  David Schenck Complete this report if necessary.)  E. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  E. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  E. Opposed  COMMITTEE  A. Supported  David Schenck Complete this report if necessary.)  E. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  E. Opposed  3. Officeholders Assisted  A. Supported  Agent Gina Parket (Identify by name or, if applicable, classify by party.)  E. Opposed  3. Officeholders Assisted  A. Supported  Agent Gina Parket (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  3. Officeholders Assisted  A. Supported  A. Supported  Agent Gina Parket (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  A. Supported  A. Supported  A. Supported  B. Opposed

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COMMITTEE NAME				I	
				13 Filer ID	(Ethics Commission Filers)
Grassroots America - W	e the People PAC			00065835	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Devine Supreme Court Ju	stice	
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	1. Candidates (Identify by name or, if applicable, classify by party.)		Clint Morgan Court Of Appeals,	Justice	
Attach lists on plain paper to complete this eport 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.)		Dr. Mary Bone State Board Of E	Education	
Attach lists on plain paper to complete this eport 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.)				
	Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)	ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)	A. Supported    Committee	DOMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of Issue)  3. Officeholders Assisted (Describe by date and location of election and nature of Issue)  3. Officeholders Assisted (Describe by date and location of election and nature of Issue)  3. Officeholders Assisted (Describe by date and location of election and nature of Issue)  3. Officeholders Assisted (Describe by date and location of election and nature of Issue)  4. Supported Dint Morgan Court Of Appeals, (Describe by date and location of election and nature of Issue)  5. Describe by date and location of election and nature of Issue)  6. Opposed  7. Measures (Describe by date and location of election and nature of Issue)  8. Opposed  7. Mary Bone State Board Of Issue)  8. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by party)  8. Opposed  9. Opposed  1. Candidates (Identify by party)  8. Opposed  1. Candidates (Identify by party)  8. Opposed  9. Opposed  1. Candidates (Identify by party)  9. Opposed  1. Candidates (Identify by party)  2. Measures (Describe by date and location of election and nature of Issue)  1. Candidates (Identify by party)  1. Candidates (Identify by party)  1. Candidates (Identify by party)  2. Measures (Describe by date and location of election and nature of Issue)  1. Candidates (Identify by party)  1. Candidates (Identify by party)  2. Measures (Describe by date and location of election and nature of Issue)  1. Candidates (Identify by party)  2. Measures (Identify by party)	Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Chostribe by take or of special specia

# FORM GPAC ADDENDUM

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Grassroots America - W	e the People PAC			00065835	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sara Maynard Smith County Co	ourt at Law	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Austin Reeve Jackson District J	udge	
(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.)		Christina Drewry Smith County	Commissioner	
(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				
	COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  (Attach lists on plain paper to complete this pa	Grassroots America - We the People PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (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.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  3. Officeholders Assisted	Grassroots America - We the People PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE (Jescribe by date and location of election and nature of issue.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete	Grassroots America - We the People PAC COMMITTEE ACTIVITY Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY Attach lists on plain paper to complete this report if necessary.)  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY Attach lists on plain paper to complete this report if necessary.)  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  Committee  Coescribe by date and location of election and nature of issue.)  B. Opposed  COMMITTEE  Committee Coescribe by date and location of election and nature of issue.)  B. Opposed  Committee Coescribe by date and location of election and nature of issue.)  B. Opposed  Committee Coescribe by date and location of election and nature of issue.)  B. Opposed  Committee Coescribe by date and location of election and nature of issue.)  Committee Coescribe by date and location of election and nature of issue.)  B. Opposed  Committee Coescribe by date and location of election and nature of issue.)  B. Opposed  Committee Coescribe by date and location of election and nature of issue.)  B. Opposed  Committee Coescribe by date and location of election and nature of issue.)  Coescribe by date and location and nature of issue.)  Coescribe by date and location and nature of issue.)  Coescribe by date and location and nature of issue.	Grassroots America - We the People PAC  COMMITTEE ACTIVITY    Considerable or plain applicable (classify by party)

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MMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
assroots America - W	/e the People PAC				00065835	
MMITTEE TIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Josh Joplin S	Smith County Cons	table	
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.)					
MMITTEE TIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Darrell Hale	Collin County Com	missioner	
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.)					
MMITTEE TIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brandon Gill	Congressional Dis	trict 26	
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.)					
	TIVITY  ach lists on plain er to complete this	Assisted (Identify by name or, if applicable, classify by party.)  MMITTEE TIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this ort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	Assisted (Identify by name or, if applicable, classify by party.)  MMITTEE TIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  3. Officeholders Assisted	Assisted (Identify by name or, if applicable, classify by party.)  MMITTEE TIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  A. Supported  B. Opposed	Assisted (Identify by name or, if applicable, classify by party.)  MMITTEE TIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this ort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported Brandon Gill Congressional Dis  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  A. Supported  A. Supported	Assisted (Identify by name or, if applicable, classify by party.)  MMITTEE TIVITY  anch lists on plain er to complete this ort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported Brandon Gill Congressional District 26  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed

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						rage 13 01 30
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
_	Grassroots America - W	/e the People PAC			00065835	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jace Yarbrough State Senator		
	(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	1. Candidates	A. Supported	Jeff Fletcher State Representati	ive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Edgar Pacheco State Represen	itative	
	(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.)	1			

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	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
_	Grassroots America - W	e the People PAC			00065835	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Chuck Branch State Representa	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Keresa Richardson State Repre	sentative	
	(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.)	A. Supported	Abraham George State Represe	entative	
	(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.)				
		applicable, classify by party.)				

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COMMITTEE NAME Grassroots America - W	e the People PAC				13 Filer ID	(Ethics Commission Filers)
Grassroots America - W	e the People PAC					,
					00065835	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Marc LaHood	State Representa	ative	
Attach lists on plain paper to complete this eport 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.)					
COMMITTEE CCTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donald Trump	President		
Attach lists on plain aper to complete this eport 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 CTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Ted Cruz U.S,	Senator		
Attach lists on plain aper to complete this eport 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 CCTIVITY  Attach lists on plain apper to complete this eport if necessary.)  COMMITTEE CCTIVITY  Attach lists on plain apper to complete this eport if necessary.)	aper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain aper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Describe by date and location and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed	aper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  3. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  4. Supported  Donald Trump  B. Opposed  3. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DOMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  3. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed	aper to complete this protein finecessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (deemity by name or, if applicable, classify by party.)  COMMITTEE CTIVITY  Attach lists on plain aper to complete this prot if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (defently by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (dentify by name or, if applicable, classify by party.)  COMMITTEE CTIVITY  Attach lists on plain apper to complete this expert of complete this apper to complete this applicable, classify by party.)  COMMITTEE CTIVITY  Attach lists on plain apper to complete this applicable, classify by party.)  COMMITTEE (Candidates (deemity by name or, if applicable, classify by party.)  COMMITTEE (Describe by date and location of election and nature of issue.)  A. Supported Ted Cruz U.S, Senator (deemity by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed  A. Supported  B. Opposed  B. Opposed	aper to complete this protein plain aper to complete this applicable, classify by party.  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  DOMMITTEE CTIVITY  1. Candidates (Gendity by name or, if applicable, classify by party).  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by party).  B. Opposed

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TTEE 'Y ists on plain	/e the People PAC  1. Candidates (Identify by name or, if	A. Supported			<b>13</b> Filer ID 00065835	(Ethics Commission Filers)
TTEE 'Y ists on plain	Candidates  (Identify by name or, if	A. Supported	01 : :: 0 1:: 1		00065835	
'Y ists on plain	(Identify by name or, if	A. Supported	61			
	applicable, classify by party.)		Christi Craddick	Railroad Comm	nissioner	
complete this 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.)					
TTEE Y	Candidates     (Identify by name or, if applicable, classify by party.)		J. Scott Herod	Smith County Co	mmissioner	
ists on plain complete this 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.)					
TTEE 'Y	1. Candidates (Identify by name or, if applicable, classify by party.)		Terry Phillips S	mith County Con	nmissioner	
ists on plain complete this necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
i	Y sts on plain complete this	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  TEE Y  1. Candidates (Identify by name or, if applicable, classify by party.)  sts on plain complete this necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders	Ication of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  TEE Y  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed	Ication of election and nature of issue.)  B. Opposed  3. Officeholders    Assisted    (Identify by name or, if applicable, classify by party.)  TEE    Y  1. Candidates    (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  Complete this necessary.)  2. Measures    (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed	Ication of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  TEE Y  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  B. Opposed  A. Supported  B. Opposed  3. Officeholders Assisted	Iccation of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  TEE Y  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed

#### **SUBTOTALS - GPAC**

#### FORM GPAC COVER SHEET PG 3 19 of 30

	18 Filer ID	(Ethics Commi	! =!!\						
· · · · · · · · · · · · · · · · · · ·									
	00065835								
		SUBTOTA	AL AMOUNT						
AL CONTRIBUTIONS		\$	12,465.81						
-KIND) POLITICAL CONTRIBUTI	ONS	\$	334.24						
TIONS		\$	0.00						
BUTIONS FROM CORPORATION	N OR LABOR	\$							
-KIND) CONTRIBUTIONS FROM	CORPORATION OR	\$							
RT FROM CORPORATION OR LA	ABOR ORGANIZATION	\$							
IPPORT FROM CORPORATION	OR LABOR	\$							
TIONS FROM CORPORATION C	OR LABOR ORGANIZATION	\$							
		\$	0.00						
TURES FROM POLITICAL CONT	RIBUTIONS	\$	11,881.79						
DBLIGATIONS		\$	0.00						
STMENTS FROM POLITICAL CC	ONTRIBUTIONS	\$	0.00						
DE BY CREDIT CARD		\$	0.00						
NDITURES FROM POLITICAL CC	ONTRIBUTIONS	\$							
GAINS, REFUNDS, AND CONTR	IBUTIONS RETURNED	\$							
	ITIONS  IBUTIONS FROM CORPORATION  I-KIND) CONTRIBUTIONS FROM  RT FROM CORPORATION OR LA  JUPPORT FROM CORPORATION  JUPPORT FROM CORPORATION  JUPPORT FROM CORPORATION  JUPPORT FROM POLITICAL CONTRIBUTIONS  ESTMENTS FROM POLITICAL CONTRIBUTIONS  RESTRICT  DE BY CREDIT CARD  NDITURES FROM POLITICAL CONTRIBUTIONS  RESTRICT  RES	CAL CONTRIBUTIONS  I-KIND) POLITICAL CONTRIBUTIONS  ITIONS  IBUTIONS FROM CORPORATION OR LABOR  II-KIND) CONTRIBUTIONS FROM CORPORATION OR  IRT FROM CORPORATION OR LABOR ORGANIZATION  IJPPORT FROM CORPORATION OR LABOR ORGANIZATION  ITIONS FROM CORPORATION OR LABOR ORGANIZATION  ITURES FROM POLITICAL CONTRIBUTIONS  OBLIGATIONS  ESTMENTS FROM POLITICAL CONTRIBUTIONS	SUBTOTA  CAL CONTRIBUTIONS  \$ I-KIND) POLITICAL CONTRIBUTIONS  \$ IDITIONS  \$ IBUTIONS FROM CORPORATION OR LABOR  \$ I-KIND) CONTRIBUTIONS FROM CORPORATION OR  \$ INTERPORT FROM CORPORATION OR LABOR ORGANIZATION  \$ IDITIONS FROM POLITICAL CONTRIBUTIONS  \$						

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 20/30	
2	FILER NAME Grassroots A	America - We the People PAC				3	Filer ID (Ethics Commission 00065835	on Filers)
4	Date 01/09/2024	<ul><li>5 Full name of contributor Bentley, Christin</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$95.80
		Flint, TX 75762						
8		pation / Job title (See Instructions cation Advocate	s) 	9	Employer (See Instructions Self Employed	s) 		
	Date 01/16/2024				•	Amount of Contribution (\$)	\$150.00	
		Whitehouse, TX 75791  Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired				<u> </u> s)		
	Date 01/05/2024	Full name of contributor		•	Amount of Contribution (\$)	\$9,609.70		
_		Wichita Falls, TX 76302 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Date 01/09/2024	Full name of contributor Cleveland, Sue Contributor address; City; Si Kountze, TX 77625	out-of-state PAC (ID#:_		High Plains Health Prov	ride	Amount of Contribution (\$)	\$95.80
	Principal occu Building Con	pation / Job title (See Instructions atractor	s)		Employer (See Instructions Cleveco Construction C		pany	
	Date 01/21/2024	Full name of contributor Doty, Rick Contributor address; City; Si Redwater, TX 75573	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$95.80
	Principal occu Ranching	pation / Job title (See Instructions	s)		Employer (See Instructions Self Employed	5)		

Grassroots		MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
Grassroots America - We the People PAC   00065835		The Instru	ction Guide explains how to o	complete this forn	n.	1		
Date   Full name of contributor   Out-of-state PAC (ID#   State   PA	2		America - We the People PAC			3		n Filers)
Principal occupation / Job title (See Instructions) Retired  Date O1/09/2024 Lindsey, Walter Contributor address; City; State; Zip Code Tyler, TX 75703  Principal occupation / Job title (See Instructions) Retired  Date O1/16/2024 Contributor address; City; State; Zip Code  Tyler, TX 75703  Principal occupation / Job title (See Instructions) Retired  Date O1/16/2024 Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Retired  Principal occupation / Job title (See Instructions) Retired  Date O1/05/2024  Principal occupation / Job title (See Instructions) Retired  Date O1/05/2024  Principal occupation / Job title (See Instructions) Retired  Date O1/05/2024  Principal occupation / Job title (See Instructions) Retired  Date O1/05/2024  Amount of Contributor Overland, Debbie Contributor address; City; State; Zip Code  Employer (See Instructions) Retired  Amount of Contribution (\$) S22  Contributor address; City; State; Zip Code  Tyler, TX 75703  Principal occupation / Job title (See Instructions) Retired  Date O1/01/2024  Raymond, Jana Contributor address; City; State; Zip Code  Full name of contributor Out-of-state PAC (ID#: O1/01/2024  Raymond, Jana Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Retired  Principal occupation / Job title (See Instructions) Retired  Principal occupation / Job title (See Instructions) Retired  Principal occupation / Job title (See Instructions)  Employer (See Instructions) Retired  Principal occupation / Job title (See Instructions)  Retired  Principal occupation / Job title (See Instructions)  Retired  Principal occupation / Job title (See Instructions)  Retired  Principal occupation / Job title (See Instructions)  Retired  Principal occupation / Job title (See Instructions)  Retired  Principal occupation / Job title (See Instructions)  Retired  Principal occupation / Job title (See Instructions)  Retired  Principal occupation / Job title (See Instructions)  Retired  Principal occupation / Jo	4	Date	5 Full name of contributor		)	7		\$100.00
Retired  Date   Full name of contributor   out-of-state PAC (ID#:   Amount of Contribution (\$)			Scroggins, TX 75480					
Contributor address; City; State; Zip Code	8		pation / Job title (See Instructions)			5)		
Principal occupation / Job title (See Instructions) Retired    Date   Full name of contributor   out-of-state PAC (ID#:   Amount of Contribution (\$)			Lindsey, Walter		)		Amount of Contribution (\$)	\$95.80
Retired  Date   Full name of contributor   out-of-state PAC (ID#:		Deinsinal	<u> </u>		Faralous (Coo lockwesting			
O1/16/2024 Loveall, Debbie \$10 Contributor address; City; State; Zip Code  Nash, TX 75569  Principal occupation / Job title (See Instructions) Retired  Date O1/05/2024 Full name of contributor out-of-state PAC (ID#: Overland, Debbie S2: Contributor address; City; State; Zip Code  Tyler, TX 75703  Principal occupation / Job title (See Instructions) Retired  Date O1/01/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Contributor address; City; State; Zip Code  Tyler, TX 75703  Principal occupation / Job title (See Instructions) Retired  Date O1/01/2024 Raymond, Jana Contributor address; City; State; Zip Code  Groesbeck, TX 76642  Principal occupation / Job title (See Instructions) Employer (See Instructions)			pation / Job title (See Instructions)			5)		
Principal occupation / Job title (See Instructions) Retired    Employer (See Instructions) Retired   Retired   Retired		01/16/2024 Loveall, Debbie			)		Amount of Contribution (\$)	\$100.00
Retired  Date Date O1/05/2024 Overland, Debbie Contributor address; City; State; Zip Code  Tyler, TX 75703  Principal occupation / Job title (See Instructions) Retired  Date Date O1/01/2024 Contributor address; City; State; Zip Code  Full name of contributor O1/01/2024 Raymond, Jana Contributor address; City; State; Zip Code  Groesbeck, TX 76642  Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$)  \$25  Amount of Contribution (\$)  Full name of contributor O1/01/2024 Raymond, Jana Contributor address; City; State; Zip Code  Employer (See Instructions)			Nash, TX 75569					
O1/05/2024 Overland, Debbie    Tyler, TX 75703			pation / Job title (See Instructions)		, , ,	5)		
Principal occupation / Job title (See Instructions) Retired  Date O1/01/2024  Raymond, Jana Contributor address; City; State; Zip Code  Groesbeck, TX 76642  Principal occupation / Job title (See Instructions)  Employer (See Instructions) Retired  Amount of Contribution (\$) \$25			Overland, Debbie  Contributor address; City; State; z				Amount of Contribution (\$)	\$239.95
01/01/2024 Raymond, Jana \$25 Contributor address; City; State; Zip Code  Groesbeck, TX 76642  Principal occupation / Job title (See Instructions)  Employer (See Instructions)						<u> </u> 5)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Raymond, Jana Contributor address; City; State; 2		)		Amount of Contribution (\$)	\$250.00
Owner Navasito Falls Investments		Principal occu						
		Owner			Navasito Falls Investme	nts	; 	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 22/30	
2	FILER NAME Grassroots	America - We the People PAC		3	Filer ID (Ethics Commission 00065835	on Filers)
4	Date 01/15/2024				Amount of Contribution (\$)	\$95.80
	Deinainal assu	Prosper, TX 75078				
8	Retired	ipation / Job title (See Instructions)	Employer (See Instructions     Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/09/2024 Short, Jack  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$95.80
	Principal occu	Tyler, TX 75703  upation / Job title (See Instructions)	Employer (See Instructions State of Texas	<u> </u> s)		
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#:_Simpson, L.T.  Contributor address; City; State; Zip Code  Quitman, TX 75783			Amount of Contribution (\$)	\$100.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Retired	<u>I</u> S)		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/30 FILER NAME 3 Filer ID (Ethics Commission Filers) Grassroots America - We the People PAC 00065835 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/01/2024 Hale, Rachel \$334.24 | Airfare & hotel to Amarillo 7 Contributor address; City; State; Zip Code court hearing representing GAWTP Henderson, TX 75652 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Sales Boatcycle 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)

PLE	DGED CONTRIBU	TIONS		SCHEDULE	В			
Т	he Instruction Guide exp	plains how to com	plete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 24/30				
2 FILER N				3 Filer ID (Ethics Commission Filers)				
<u></u>	ots America - We the People			00065835				
TOTAL	OF UNITEMIZED PLEDO	SES		\$	0.00			
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC	(ID#:	9 In-kind description pledge (\$) (If applicable)	1			
	7 Pledgor Address;	City; State; Zip C	ode					
				Check if travel outside of Texas. Complete So	hedule T			
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In	nstructions)				

	LOANS					SCHE	OULE E	
	The Instruction	on Guide explains how to co	mplete this f	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 25/30			
2	FILER NAME Grassroots Ame	rica - We the People PAC			3 Filer ID 00065	Ethics Commiss	on Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	.C (ID#:		9 Loan Amount	(\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructi	ons)	•		
14	Description of Coll None	ateral		15 Check if personal funds	were deposite	ed into political accou (See Instruction		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guara	inteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Instructi	ons)			

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

#### 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

Solicitation/Fundraising Expense
Transportation Equipment & Related 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 complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 26/30	Grassroots America - We the People PAC 00065835
4 Date	5 Payee name
01/05/2024	Full Fusion LLC
6 Amount (\$) \$64.05  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 317 Sidney Baker Ste 400-308 Kerrville, TX 78028  (a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web support
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/05/2024	Holiday Inn Conference Center
Amount (\$)	Payee address; City; State; Zip Code
\$263.81	5701 South Broadway
Expenditure from corporate funds	Tyler, TX 75703
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  December meetings facility fees
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/17/2024	Mail Chimp
Amount (\$) \$173.07	Payee address; City; State; Zip Code mailchimp.com
Expenditure from corporate funds	mailchimp.com, TX 75703
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly email service
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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 Com

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
4 Tatal marian Calcadida F1.				
1 Total pages Schedule F1: Sch: 2/5 Rpt: 27/30	2 FILER NAME Grassroots America - We the People PAC  3 Filer ID (Ethics Commission Filers) 00065835			
4 Date	5 Payee name			
01/09/2024	Pinkston, David			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	21750 Hardy Oak Blvd.			
	Ste. 104 #140294			
Expenditure from corporate funds	San Antonio, TX 78258			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	Speaker travel expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/19/2024	Republican Party of Texa			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,995.00	PO Box 2206			
Ψ1,000.00	1 0 BOX 2200			
Expenditure from corporate funds	Austin, TX 78768			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	May State Convention Booth fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/01/2024	Rogers, Brett			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	4514 Edinburgh Drive			
φο,οσο.σσ	4014 Editibulgh Brive			
Expenditure from corporate funds	Tyler, TX 75703			
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.			
LA LADITORL	Check if Austin, TX, officeholder living expense			
	January retainer  Marketing & IT tool development services			
	ivial retiring & 11 tool develophiletit services			
Complete ONLY if direct				
expenditure to benefit C/OH				

# 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
OTHEP (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 3/5 Rpt: 28/30	Grassroots America - We the People PAC 00065835		
4 Date	5 Payee name		
01/05/2024	Shulter, Robert		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$3,000.00	100 Kings Fort Parkway 105-303		
Expenditure from corporate funds	Kaufman, TX 75142		
8 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	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	January consulting fee		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
01/05/2024	Shulter, Robert		
Amount (\$)	Payee address; City; State; Zip Code		
\$36.87	100 Kings Fort Parkway 105-303		
Expenditure from corporate funds	Kaufman, TX 75142		
PURPOSE			
OF			
EXPENDITURE	Subscriptons  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	NameBadge.com		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Data	Pour a series		
Date	Payee name		
01/05/2024	Shulter, Robert		
Amount (\$)	Payee address; City; State; Zip Code		
\$44.00	100 Kings Fort Parkway 105-303		
Evpanditura from			
Expenditure from corporate funds	Kaufman, TX 75142		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Advertising Expense		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Facebook ads		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

#### 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	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 4/5 Rpt: 29/30	Grassroots America - We the People PAC	00065835		
4 Date	5 Payee name	<b>-</b>		
01/05/2024	Shulter, Robert			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$49.99	100 Kings Fort Parkway 105-303			
	j			
Expenditure from corporate funds	Kaufman, TX 75142			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Subscriptions	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Raindroppers Text Alerts		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight Office held		
experience to serious eye.				
Date	Payee name			
01/09/2024	Taylor CPA, Jimmie (Mr.)			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$600.00	275 VZ County Road 4906			
Expenditure from corporate funds	Ben Wheeler, TX 75754			
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.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		TEC Semi-Annual report		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught Office held		
experientare to benefit 6/61	'			
Date	Payee name			
01/09/2024	Xpresso Print Cafe			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$128.75	111 University Place			
- "				
Expenditure from corporate funds	Tyler, TX 75702			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	·	Check if Austin, TX, officeholder living expense		
		January 9 meeting handouts		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught Office held		
experimitare to benefit 0/011				

# 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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains	Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 30/30	Grassroots America - We the People P	PAC 00065835
4 Date	5 Payee name	
01/25/2024	Xpresso Print Cafe	
6 Amount (\$)	7 Payee address; City; State;	; Zip Code
\$276.25	111 University Place	
Expenditure from		
corporate funds	Tyler, TX 75702	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sch	
EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		January 22 & January 25 Candidate Forum and
		Town Hall meetings
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name C	Office sought Office held
		1
		1
		1