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) 00080611 3 COMMITTEE NAME **OFFICE USE ONLY** Montgomery County Tea Party PAC Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2603 E Bluelake Dr Date Hand-delivered or Date Postmarked Change of Address Magnolia, TX 77354 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Kenneth R. NAME NICKNAME LAST **SUFFIX** Earnest STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 11 Marquise Oaks Place STREET **ADDRESS** (Residence or Business) The Woodlands, TX 77382 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 11 Marquise Oaks Place MAILING **ADDRESS** The Woodlands, TX 77382 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 435-6658 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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

| 2 COMMITTEE NAME | | 12 Files ID | (Ethics Commission Filers) | |
|--|--|-------------------------|----------------------------|--|
| 2 COMMITTEE NAME Montgomery County Tea Party PAC | | 13 Filer ID 00080611 | (Ethics Commission Filers) | |
| | | | | |
| 4 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Mrs. Christi Craddick Railroad | Commission | er | |
| (Attach lists on plain paper to complete this report if necessary.) | B. Opposed | | | |
| 2 Maggures | A. Supported | | | |
| 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.) | | | | |
| 5 CONTRIBUTION 1. TOTAL UNITEMIZED TOTALS PLEDGES, LOANS, CONTRIBUTION PLE | POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) | \$ | 0.00 | |
| check here if this report | qualifies for the higher itemization threshold | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | |
| EXPENDITURE 3. TOTAL UNITEMIZED TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | |
| 4. TOTAL POLITICA | 4. TOTAL POLITICAL EXPENDITURES | | | |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | |
| 6 AFFIDAVIT | | <u> </u> | | |
| | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | | |
| | | | | |
| | Mr. Kennet Signature of Ca | th R. Earnest | | |
| | Signature of Ca | ilipaigii ileasu | iei | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed before me, by the said | | his the | day | |
| of, 20, to certify v | which, witness my hand and seal of office. | | | |
| | | | | |
| | | | | |
| Signature of officer administering oath | Printed name of officer administering oath | Title of office | cer administering oath | |

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| 12 | COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
|----|---|---|--------------|--------------------------------|--|
| | Montgomery County Te | a Party PAC | | | 00080611 |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Mr. John Devine Supreme Cour | t Justice |
| | (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.) | | Mr. David Schenck Court Of Cri | minal Appeals, Judge |
| | (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.) | | Mrs. Gina Parker Court Of Crim | inal Appeals, Judge |
| | (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) |
| Montgomery County Te | a Party PAC | | | 00080611 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Lee Finley Court Of Cr | riminal Appeals, Jud | ge |
| (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.) | | Mrs. Michelle Slaughter Co | ourt Of Criminal App | eals, Judge |
| (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.) | | Mrs. Kenna Seller Court O | of Appeals, Justice | |
| (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 NAM | Ē | | | | 13 Filer ID | (Ethics Commission Filers) |
| Montgomery Cou | nty Tea Party PAC | | | | 00080611 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Kent Chambe | ers Court Of Ap | ppeals, Justice | |
| (Attach lists on plair paper to complete t report if necessary.) | his | 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 | Mr. Steve Toth S | State Represent | ative | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | | |
| (Attach lists on plair paper to complete t report if necessary.) | his | 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.) | | Mr. Ritch Wheele | er Montgomery | County Commi | issioner Precent 3 |
| (Attach lists on plair paper to complete t report if necessary.) | his | 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.) | | | | | |
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| TEE NAME mery County Te TEE Y | a Party PAC 1. Candidates | | | 13 Filer ID (Ethics Commission Filers) 00080611 |
|--|---|--|---|--|
| TEE | | | | 00080611 |
| | 1 Candidates | | | |
| | (Identify by name or, if applicable, classify by party.) | | Mr. Rand Henderson M | lontgomery County Sheriff |
| sts on plain complete this 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.) | | | |
| TEE Y | Candidates (Identify by name or, if applicable, classify by party.) | | Mr. David Eason Monto | gomery County Constable Precinct 2 |
| sts 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.) | | | |
| TEE Y | Candidates (Identify by name or, if applicable, classify by party.) | | Mrs. Gwen Withrow Co | unty Party Chair |
| sts 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.) | | | |
| | complete this | 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if | sts on plain complete this necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted | sts on plain complete this necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed |

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|---|--|--------------|---------------|-----------------|-----------------|----------------------------|
| COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Montgomery County Te | a Party PAC | | | | 00080611 | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Joe Sager | Montgomery Co | unty Republica | n Party Precinct 1 |
| (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. Supported | Mr. Doug Tayl | or Montgomery C | County Republic | can Party Precinct 5 |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. 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. Supported | Mrs. Phoebe V | Vesley Montgom | ery County Rep | publican Party Precinct 7 |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted (Identify by name or, if) | | | | | |
| | applicable, classify by party.) | | | | | |
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| 12 COMMITTEE NAME | | 13 Filer ID (Ethics Commission Filers) |
| Montgomery County Tea Party PAC | | 00080611 |
| 14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party) | | y County Republican Party Precinct 10 |
| (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 Mrs. Dawn McMinn Montgomer | y County Republican Party Precinct 11 |
| (Attach lists on plain paper to complete this report if necessary.) | B. Opposed | |
| Measures (Describe by date and location of election and nature of issue.) | A. Supported | |
| | B. Opposed | |
| Officeholders Assisted (Identify by name or, if applicable, classify by party | .) | |
| COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party | A. Supported Mr. Tony La Belle Montgomery | County Republican Party Precinct 15 |
| (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 | 게 | |

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| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Montgomery County Tea | a Party PAC | | | | 00080611 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mr. Jim Becka | Montgomery Col | unty Republicar | n Party Precinct 16 |
| | (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.) | | Mr. Dale Fesse | enden Montgome | ery County Repu | ublican Party Precinct 17 |
| | (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.) | | Mr. Jason Rea | gan Montgomery | / County Repub | lican Party Precinct 18 |
| | (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.) | | | | | |
| | | (Identify by name or, if applicable, classify by party.) | | | | | |

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| COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
|---|--|---|---|--|
| Montgomery County Te | a Party PAC | | | 00080611 |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Mrs. Julie Davis Montgome | ry County Republican Party Precinct 19 |
| (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.) | | Mr. Terry Sherman Montgo | mery County Republican Party Precinct 20 |
| (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.) | | Mrs. Sunday Shibley Montg | omery County Republican Party Precinct 22 |
| (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) | | | |
| | Montgomery County Te 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.) | Montgomery County Tea Party 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.) 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 (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 1. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted | Montgomery County Tea Party 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 (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 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.) COMMITTEE ACTIVITY 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 COMMITTEE 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE 2. Measures (Identify by name or, if applicable, classify by party.) COMMITTEE 3. Officeholders Assisted 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 3. Officeholders Assisted B. Opposed | Montgomery County Tea Party PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Oescribe by date and location of election and relative 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 (Oescribe by date and location of election and relative of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Oescribe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 4. Supported Mr. Terry Sherman Montgory (Identify by name or, if applicable, classify by party.) 5. Opposed 6. Opposed 6. Opposed 6. Opposed 7. Supported 8. Opposed 9. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Opposed |

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| 13 Filer ID (Ethics Commission Filers) |
| 00080611 |
| ley Montgomery County Republican Party Precinct 24 |
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| y Montgomery County Republican Party Precinct 25 |
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| nith Montgomery County Republican Party Precinct 26 |
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| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) | |
| | Montgomery County Tea | a Party PAC | | | | 00080611 | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mr. Steve Kent | Montgomery Co | unty Republicar | n Party Precinct 28 | |
| | (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.) | | Mr. John Brock | Montgomery Co | ounty Republicar | n Party Precinct 29 | |
| | (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.) | | Mr. Mark Furbe | r Montgomery C | ounty Republica | an Party Precinct 30 | |
| | (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.) | | | | | | |
| | | Assisted (Identify by name or, if | | | | | | |

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| COMMITTEE NAME | | | | | | |
|--|---|--|---|--|---|--|
| | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Montgomery County Tea | a Party PAC | | | | 00080611 | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mrs. Betty And | erson Montgome | ery County Rep | ublican Party Precinct 31 |
| 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.) | | Mr. Glenn Cox | Montgomery Cou | unty Republica | n Party Precinct 32 |
| 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.) | | Mr. Ken Allen I | Montgomery Cou | nty Republican | Party Precinct 34 |
| 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.) | | | | | |
| | ACTIVITY Attach lists on plain laper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain laper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain laper to complete this eport if necessary.) | Attach lists on plain paper to complete this peport 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 peport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this peport 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 (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. 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Opposed | Attach lists on plain appricable, classify by party. 2. Measures (Describe by date and vocation of stretch and stretch lists on plain appricable, classify by party). 2. Measures (Describe by date and vocation of stretch and stretch lists on plain appricable, classify by party). 2. Measures (Describe by date and vocation of stretch and stretch lists on plain appricable, classify by party). 2. Measures (Describe by date on of stretch and stretch lists on plain appricable, classify by party). 3. Officeholders (Describe by date on of stretch lists on plain appricable, classify by party). 4. Supported Mr. Glenn Cox. Montgomery County Republica (Describe by date and vocation of election and nature of fection and nature of fection and nature of fection and nature of fection and party of party of the describe by party. 3. Officeholders Assisted (Describe by date on of stretch lists on plain appricable, classify by party). 3. 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FORM GPAC ADDENDUM

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| COMMITTEE NAME | | | | I |
|--|---|--|---|---|
| | | | | 13 Filer ID (Ethics Commission Filers) |
| Montgomery County Tea | a Party PAC | | | 00080611 |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mrs. Tammy Kelver Montgomer | y County Republican Party Precinct 35 |
| Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Paul Crowsen Montgomery | County Republican Party Precinct 36 |
| 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.) | | Mrs. Kristen Plaisance Montgon 37 | nery County Republican Party Precinct |
| 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.) | | | |
| | ACTIVITY Attach lists on plain haper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain haper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain haper 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 (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.) 4. COMMITTEE 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.) 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.) | 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.) B. Opposed 3. Officeholders Assisted (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 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 ACTIVITY 1. Candidates (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 A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed | Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 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 of election and nature of issue.) B. Opposed B. Opposed Mr. Paul Crowsen Montgomery Mr. Paul Crowsen Montgomery A. Supported Mr. Paul Crowsen Montgomery B. Opposed B. Opposed B. Opposed Committee Committee |

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| COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|------------------------|--|---|---|--|---|---|
| Montgomery County Te | a Party PAC | | | | 00080611 | |
| | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Brad Vickers | Montgomery C | County Republi | can Party Precinct 39 |
| paper to complete this | | 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.) | | | | | |
| | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mr. Jay Mitchell | Montgomery Co | ounty Republic | an Party Precinct 40 |
| paper to complete this | | 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.) | | Mrs. Theresa Le | e Montgomery | County Repub | lican Party Precinct 41 |
| paper to complete this | | 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | Montgomery County Tea Party 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.) 2. Measures (Describe by date and location of election and nature of issue.) 2. 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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.) COMMITTEE A. Supported (Identify by name or, if applicable, classify by party.) 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 A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed A. 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Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Mrs. Theresa Let (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed | Montgomery County Tea Party 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 ACTIVITY (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 A. Supported A. Supported Mr. Jay Mitchell Montgomery Complete this report if necessary.) B. Opposed A. Supported A. Supported Mr. Jay Mitchell Montgomery Complete this report if necessary.) B. Opposed A. Supported A. Supported Describe by date and location of decicion and relative of resure.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed | Montgomery County Tea Party PAC 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.) Actach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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| COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|------------------------|--|---|---|---|--|--|
| Montgomery County Te | a Party PAC | | | | 00080611 | |
| | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Bill Philibert | Montgomery Co | ounty Republica | n Party Precinct 42 |
| 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.) | | Mr. John Schlute | Montgomery | County Republi | can Party Precinct 44 |
| paper to complete this | | 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.) | | Mr. Peter Stees | Montgomery Co | ounty Republica | ın Party Precinct 46 |
| paper to complete this | | 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | Montgomery County Tea Party 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.) 2. Measures (Describe by date and location of election and nature of issue.) 2. 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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.) COMMITTEE A. Supported (Identify by name or, if applicable, classify by party.) 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 A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed | Montgomery County Tea Party PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and neture of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 2. Measures (Describe by date and neture of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 2. Measures (Describe by date and neture of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 2. Measures (Describe by date and neture of issue.) 3. Officeholders Assisted (Identity party name or, if applicable, classify by party.) COMMITTEE ACTIVITY 3. Officeholders Assisted (Identity party name or, if applicable, classify by party.) B. Opposed COMMITTEE A. Supported A. Supported COMMITTEE A. Supported COMMITTEE A. Supported B. Opposed 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 A. Supported Mr. Peter Stees if 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 B. Opposed | Montgomery County Tea Party 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.) ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 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(Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) | Montgomery County Tea Party PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of infection and matter of fisure). 3. Officeholders Assisted (dietelly by name or, if applicable, classify by party). B. Opposed 3. Officeholders Assisted (dietelly by name or, if applicable, classify by party). B. Opposed 3. Opposed 3. Opposed 3. Opposed 3. Opposed 4. Supported B. Opposed B. Opposed B. Opposed B. Opposed COMMITTEE (Committee of issue). A. Supported opposed B. Opposed B. Opposed B. Opposed COMMITTEE (Committee of issue). A. Supported opposed B. Opposed |

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| | | | | Fage 17 01 43 |
|---|---|--------------|--------------------------------------|---|
| 2 COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
| Montgomery County Tea | a Party PAC | | | 00080611 |
| 4 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mr. Steve Lawrence Montgom | ery County Republican Party Precinct 48 |
| (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 | Mrs. Christina Lightfoot Montg 50 | omery County Republican Party Precinct |
| (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.) | | Mr. Wayne Pearson Montgom | ery County Republican Party Precinct 52 |
| (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.) | | | |
| | (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted | B. Opposed | | |

| | | | | | | | Page 18 01 45 |
|----|---|---|--------------|-----------------------|-------------|---------------|----------------------------|
| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Montgomery County Te | a Party PAC | | | | 00080611 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mrs. Sharon Blair Moi | ntgomery C | County Repub | lican Party Precinct 53 |
| | (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.) | A. Supported | Mr. Tom Grega Monto | gomery Cou | unty Republic | an Party Precinct 54 |
| | (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.) | | Mrs. Sarah Allison Mo | ontgomery (| County Repul | blican Party Precinct 55 |
| | (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.) | | | | | |
| | | | | | | | |

FORM GPAC ADDENDUM

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| OMMITTEE NAME contgomery County Tea OMMITTEE CTIVITY attach lists on plain aper to complete this port if necessary.) | a Party PAC 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported B. Opposed | Mrs. Mary Burks Montgomery C | 00080611 | s Commission Filers) rty Precinct 56 |
|---|--|---|---|--|---|
| OMMITTEE CTIVITY attach lists on plain aper to complete this | Candidates (Identify by name or, if | | Mrs. Mary Burks Montgomery C | | rty Precinct 56 |
| CTIVITY attach lists on plain aper to complete this | (Identify by name or, if | | Mrs. Mary Burks Montgomery C | ounty Republican Pa | rty Precinct 56 |
| aper to complete this | | 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.) | A. Supported | Mrs. Elizabeth Rickard Montgor 58 | nery County Republic | an Party Precinct |
| 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.) | | | | |
| OMMITTEE CTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Jim Dinaso Montgomery Co | unty Republican Part | y Precinct 60 |
| 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.) | | | | |
| | ETIVITY Ittach lists on plain per to complete this port if necessary.) DIMMITTEE ETIVITY Ittach lists on plain per to complete this | Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Ittach 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 applicable, classify by party.) DMMITTEE 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.) 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.) | Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Example 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) DMMITTEE CTIVITY 1. Candidates (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 (Identify by name or, if applicable, classify by party.) Example 3. A. Supported B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) Example 3. A. Supported B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted 3. Officeholders Assisted | Assisted (identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed Coescribe by date and location of election and nature of issue.) B. Opposed 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.) DMMITTEE CTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 2. Measures (identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 2. Measures (identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 3. Candidates (identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by name or, if applicable, classi | Assisted (Identity by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) DMMITTEE 2. Measures (Describe by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) DMMITTEE CTIVITY 2. Candidates (Identity by name or, if applicable, classify by party.) DMMITTEE CTIVITY 2. Measures (Identity by name or, if applicable, classify by party.) B. Opposed Mr. Jim Dinaso Montgomery County Republican Part (Identity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders (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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| COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
| Montgomery County Te | a Party PAC | | | 00080611 |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mr. Herschel Williams Montgom 63 | nery County Republican Party Precinct |
| (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.) | | Mr. Jeff Marshall Montgomery (| County Republican Party Precinct 65 |
| (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.) | | Mrs. Wendy Yockey Montgome | ry County Republican Party Precinct 66 |
| (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.) | | | |
| | | | | |

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|----|---|---|--------------|-------------------------|----------------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Montgomery County Te | a Party PAC | | | 00080611 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mrs. Denise Boyd Montgo | mery County Repub | lican Party Precinct 67 |
| | (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.) | A. Supported | Mr. John Wertz Montgome | ery County Republica | an Party Precinct 69 |
| | (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.) | | Mr. Bob Withrow Montgon | nery County Republi | can Party Precinct 72 |
| | (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.) | | | | |
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|---------------------------------|
| ID (Ethics Commission Filers) |
| 30611 |
| ty Republican Party Precinct 73 |
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| / Republican Party Precinct 74 |
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| oublican Party Precinct 77 |
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|----|---|---|--------------|--------------------|--------------|--------------|----------------------------|
| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Montgomery County Te | a Party PAC | | | | 00080611 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mrs. Susan Love | Montgomery (| County Repub | lican Party Precinct 81 |
| | (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.) | A. Supported | Mr. Daniel Stage | Montgomery (| County Repub | lican Party Precinct 83 |
| | (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.) | | Mrs. Leslie Isbell | Montgomery (| County Repub | lican Party Precinct 85 |
| | (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.) | | | | | |
| | | | | | | | |

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|----|---|---|--------------|-----------------------------|------------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Montgomery County Te | a Party PAC | | | 00080611 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mr. David Johns Montgomery | County Republica | n Party Precinct 86 |
| | (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.) | | Mr. Robert Walker Montgome | y County Republi | can Party Precinct 87 |
| | (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.) | | Mrs. Melinda Olinde Montgom | ery County Reput | olican Party Precinct 89 |
| | (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.) | | | | |
| | | | | | | |

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| COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
|---|--|--|--|---|
| | | | | 13 FIREI ID (Ethics Commission Filers) |
| Montgomery County Tea | a Party PAC | | | 00080611 |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mrs. Carrie Bigford Montgomery | County Republican Party Precinct 92 |
| (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.) | A. Supported | Mrs. Mary Lewis Montgomery C | ounty Republican Party Precinct 94 |
| (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.) | | Mrs. Sherry Tavel Montgomery | County Republican Party Precinct 95 |
| (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 Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) | 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 (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. COMMITTEE ACTIVITY 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Activity by name or, if applicable, classify by party.) 3. Candidates (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. Committee Activity by name or, if applicable, classify by party.) 6. Committee Activity by name or, if applicable, classify by party.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Committee Activity by name or, if applicable, classify by party.) 9. Committee Activity by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) | 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.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported Describe by date and location of election and nature of issue.) 5. Opposed B. Opposed B | Attach lists on plain languer to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) Attach lists on plain larger to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A Supported Mrs. Mary Lewis Montgomery C (dentity by name or, if applicable, classify by party.) B. Opposed A. Supported Mrs. Mary Lewis Montgomery C (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) |

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| iler ID (Ethics Commission Filers) |
| 0080611 |
| Republican Party Precinct 97 |
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| inty Republican Party Precinct 99 |
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| publican Party Precinct 102 |
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FORM GPAC ADDENDUM

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| IMITTEE NAME Itgomery County Te IMITTEE VITY ch lists on plain r to complete this t if necessary.) | a Party PAC 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported B. Opposed | Mr. Richard Hatfield Mont | 13 Filer ID (Ethics Commission Filers) 00080611 gomery County Republican Party Precinct 104 |
|---|---|--|--|---|
| IMITTEE VITY ch lists on plain r to complete this | Candidates (Identify by name or, if | | Mr. Richard Hatfield Mont | |
| VITY ch lists on plain r to complete this | (Identify by name or, if | | Mr. Richard Hatfield Mont | gomery County Republican Party Precinct 104 |
| r 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.) | | | |
| MITTEE VITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Bill Clevenger Montgo | mery County Republican Party Precinct 105 |
| ch lists on plain r to complete this t 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.) | | | |
| MITTEE VITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Mrs. Lonna Hord Montgor | nery County Republican Party Precinct 106 |
| ch lists on plain r to complete this t if necessary.) | | B. Opposed | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders | | | |
| | VITY ch lists on plain r to complete this | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) MITTEE VITY 1. Candidates (Identify by name or, if applicable, classify by party.) ch lists on plain r to complete this t if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) | location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) MITTEE VITY 1. Candidates (Identify by name or, if applicable, classify by party.) Ch lists on plain r to complete this t if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed | Indication of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) MITTEE VITY 1. Candidates (Identify by name or, if applicable, classify by party.) Ch lists on plain r to complete this tif necessary.) B. Opposed B. Opposed B. Opposed B. Opposed A. Supported B. Opposed B. Opposed |

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|----|---|--|--------------|---------------------|--------------|---------------|----------------------------|
| 12 | COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Montgomery County Te | a Party PAC | | | | 00080611 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mr. Graham Church | n Montgomer | y County Rep | ublican Party Precinct 108 |
| | (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.) | | Mrs. Karen Zeller M | Montgomery C | County Republ | ican Party Precinct 109 |
| | (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.) | | Mr. Luis Pedraza M | Nontgomery C | County Republ | ican Party Precinct 110 |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | | B. Opposed | | | | |
| | | Officeholders Assisted (Identify by name or, if) | | | | | |
| | | applicable, classify by party.) | | | | | |
| | | | | | | | |

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|----|---|--|--------------|--|-----------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Montgomery County Te | a Party PAC | | | 00080611 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mr. Patrick Teich Montgomery (| County Republic | an Party Precinct 111 |
| | (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.) | | Mr. Pete Goeddertz Montgome | ry County Repub | olican Party Precinct 113 |
| | (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. Supported | | | |
| | (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 | Ballot ID:GOP Prop 1 Election D Tax | oate:2024-03-05 | Desc:Eliminate Property |
| | | | B. Opposed | | | |
| | | Officeholders Assisted (Identify by name or, if | | | | |
| | | applicable, classify by party.) | | | | |
| | | | | | | |

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|---|---|--------------|---|----------------|----------------------------|
| COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Montgomery County Tea | a Party PAC | | | 00080611 | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | Ballot ID:GOP Prop 2 Election D protection unit | ate:2024-03-05 | Desc:Create Border |
| | | 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.) | A. Supported | | | |
| (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 | Ballot ID:GOP Prop 3 Election D | ate:2024-03-05 | Desc:Require E Verify |
| | | 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. Supported | | | |
| (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 | Ballot ID:GOP Prop 4 Election D illegal aliens | ate:2024-03-05 | Desc:End subsidies to |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if | | | | |
| | applicable, classify by party.) | | | | |
| | | | | | |

FORM GPAC ADDENDUM

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| COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
|---|---|---|--|--|
| Agntagement County To | | | | Lanes commission rices) |
| horitgoinery County Tea | a Party PAC | | | 00080611 |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| 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 | Ballot ID:GOP Prop 5 Election D illegals | ate:2024-03-05 Desc:No amnesty to |
| | | 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. Supported | | |
| 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 | Ballot ID:GOP Prop 6 Election D National Guard to foreign conflict | ate:2024-03-05 Desc:Prohibit Texas t without declaration of war |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| COMMITTEE | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| 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 | Ballot ID:GOP Prop 7 Election D legal tender in Texas | ate:2024-03-05 Desc:Gold and silver as |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if | | | |
| | Attach lists on plain aper to complete this eport if necessary.) COMMITTEE CTIVITY Attach lists on plain aper to complete this eport if necessary.) COMMITTEE CTIVITY Attach lists on plain aper to complete this eport if necessary. | Attach lists on plain 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 apport 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.) 4. Committee CTIVITY Attach lists on plain apper to complete this applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. Measures (Describe by date and location of election and nature of issue.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Committee CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | Attach lists on plain applicable, classify by party.) Attach lists on plain 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 apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (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.) 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 3. Officeholders Assisted A. Supported (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 3. Officeholders Assisted A. Supported B. Opposed | Attach lists on plain aper to complete this prort if necessary.) Attach lists on plain aper to complete this prort if necessary.) Attach lists on plain aper to complete this sport if necessary.) Attach lists on plain aper to complete this sport if necessary.) Attach lists on plain aper to complete this sport if necessary.) Attach lists on plain aper to complete this sport if necessary.) Attach lists on plain aper to complete this sport if necessary.) Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to complete this sport if necessary. Attach lists on plain aper to sport if necessary. Attach lists on plain aper to sport if necessary. B. Opposed A. Supported B. Opposed A. Supported Chescribe by date and location of election and nature of issue. B. Opposed B. Opposed A. Supported Chescribe by date and location of election and nature of issue. B. Opposed B. Opposed B. Opposed |

FORM GPAC ADDENDUM

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| | | | | | | Fage 32 01 43 |
|----|---|---|--------------|--|----------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| _ | Montgomery County Tea | a Party PAC | | | 00080611 | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | Ballot ID:GOP Prop 8 Election D coercion | ate:2024-03-05 | Desc:No Vaccine |
| | | | 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. Supported | | | |
| | (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 | Ballot ID:GOP Prop 9 Election D | ate:2024-03-05 | Desc:Close the primary |
| | | | 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 | | | |
| | (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 | Ballot ID:GOP Prp 10 Election D persecute election crimes. | ate:2024-03-05 | Desc:Restore AG to |
| | | | B. Opposed | | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | | applicable, classify by party.) | | | | |

FORM GPAC ADDENDUM

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| | | | | 1 ago 00 01 10 |
|---|---|--------------|---|---|
| 12 COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
| Montgomery County Te | ea Party PAC | | | 00080611 |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | Ballot ID:GOP Prp 11 Election D funding | ate:2024-03-05 Desc:School choice with |
| | | B. Opposed | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| COMMITTEE | Candidates | A. Supported | | |
| 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 | Ballot ID:GOP Prp 12 Election D | ate: Desc:Citizenship required to vote |
| | | 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 | | |
| (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 | Ballot ID:GOP Prp 13 Election D China, Iran, Russia and North Ko | ate:2024-03-05 Desc:Ban land sales to prea |
| | | B. Opposed | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| | Assisted (Identify by name or, if | | | |

| | | | | | Page 34 01 45 |
|---|---|--------------|-------------------------------|-----------------|----------------------------|
| COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Montgomery County Tea | a Party PAC | | | 00080611 | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Donald Trump President of | the United Stat | es |
| (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 | Mr. Ted Cruz US Senate | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Will rea Graz GG Gerrate | | |
| (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 | | | | |
| 0014141777 | applicable, classify by party.) | <u> </u> | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Mr. Jameson Ellis US House of | Representative | 9 S |
| (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

| | | | | 35 of 45 |
|-----|---|--|-----------------------------|----------------------------|
| | | EE NAME ery County Tea Party PAC | 18 Filer ID 00080611 | (Ethics Commission Filers) |
| | | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 6,365.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | PR | \$ |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA | ANIZATION | \$ |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O | \$ | |
| 9. | | SCHEDULE E: LOANS | \$ | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 14,574.91 |
| 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 F TO FILER | RETURNED | \$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | IS | | SCHEDUL | E A1 |
|---|-----------------------------|---|-------------------------|-------|--|-----------|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | orr | m. | 1 | Total pages Schedule A1: Sch: 1/5 Rpt: 36/45 | |
| 2 | FILER NAME Montgomery | County Tea Party PAC | | | | 3 | Filer ID (Ethics Commission 00080611 | n Filers) |
| 4 | Date 01/08/2024 | 5 Full name of contributor Bagley, Bob6 Contributor address; City; S | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$125.00 |
| | | Conroe, TX 77301 | | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions | ;) | 9 | Employer (See Instructions None | 5) | | |
| | Date 01/05/2024 | Full name of contributor Cady, Phill (Mr.) Contributor address; City; S | | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Conroe, TX 77302 pation / Job title (See Instructions | ., I | | Employer (See Instructions | <u>''</u> | | |
| | Retired | pation / Job title (See Instructions |) | | Employer (See instructions | ·) | | |
| | Date 01/07/2024 | | | | | | Amount of Contribution (\$) | \$100.00 |
| | | Conroe, TX 77384 | | | | | | |
| | Principal occu Conductor | pation / Job title (See Instructions | (3) | | Employer (See Instructions BNSF | s) | | |
| | Date 01/10/2024 | Full name of contributor Cox, Glenn (Mr.) Contributor address; City; S Spring, TX 77380 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Owner | pation / Job title (See Instructions | 5) | | Employer (See Instructions Greater Services Houst | | NW, Inc | |
| | Date 01/09/2024 | Full name of contributor Eaton, Elise (Ms.) Contributor address; City; S Magnolia, TX 77354 | | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Retired | pation / Job title (See Instructions | s) | | Employer (See Instructions | s) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | Ν | S | | SCHEDUI | LE A1 |
|---|---|--|------------------------|-----|--|-----------------------------|---|--------------|
| | The Instruc | ction Guide explains hov | v to complete this fo | orr | m. | 1 | Total pages Schedule A1: Sch: 2/5 Rpt: 37/45 | |
| 2 | FILER NAME Montgomery | County Tea Party PAC | | | | 3 | Filer ID (Ethics Commission 00080611 | on Filers) |
| 4 | Date 01/22/2024 | 5 Full name of contributorFessenden, Dale and Ch6 Contributor address; City; S | <u> </u> | |) | 7 | Amount of Contribution (\$) | \$125.00 |
| 0 | Dringing aggr | Conroe, TX 77303 | 5) T | | Employer (See Instructions | <u></u> | | |
| 8 | Retired | pation / Job title (See Instruction: | 5) | 9 | Employer (See Instructions None | ») | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/08/2024 Goeddertz, Peter (Mr.) Contributor address; City; State; Zip Code | | | | | Amount of Contribution (\$) | \$100.00 | |
| | Dringing! goog | Magnolia, TX 77355 | | | Employer (See Instructions | <u>,,</u> | | |
| | Retired | pation / Job title (See Instructions | 5) | | Employer (See Instructions | 5) | | |
| | Date 01/05/2024 | | | | | Amount of Contribution (\$) | \$2,000.00 | |
| | | Conroe, TX 77305 | | | | | | |
| | Principal occu Sheriff | pation / Job title (See Instructions | 5) | | Employer (See Instructions Montgomery County | s) | | |
| | Date 01/07/2024 | Full name of contributor Hudnell, Mary (Mrs.) Contributor address; City; S Magnolia, TX 77354 | | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Retired | pation / Job title (See Instructions | s) | | Employer (See Instructions | 5) | | |
| | Date 01/13/2024 | Full name of contributor Lawrence, Steve (Mr.) Contributor address; City; S Spring, TX 77381 | out-of-state PAC (ID#: | |) | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Retired | pation / Job title (See Instructions | 5) | | Employer (See Instructions | s) | | |
| | | | , | | | | | |

| | MONET | ARY POLITICAL CONT | | SCHEDUL | ILE A1 | | |
|---|---|---|--------------------|--|-----------------------------|---|-----------|
| | The Instruc | ction Guide explains how to cor | mplete this forr | n. | 1 | Total pages Schedule A1: Sch: 3/5 Rpt: 38/45 | |
| 2 | FILER NAME Montgomery | County Tea Party PAC | | | 3 | Filer ID (Ethics Commission 00080611 | n Filers) |
| 4 | Date 01/03/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$200.00 | |
| _ | Delicational | Conroe, TX 77304 | | Formula van (Cara la atmostica e | | | |
| 8 | Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions Woodbridge Cusano Inc | | ра | |
| | Date 01/05/2024 | Parker, Gina Contributor address; City; State; Zip (| of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | waco, TX 76702 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | Attorney | | | Self | | | |
| | Date Full name of contributor out-of-s 01/08/2024 Pedvaza, Luis (Mr.) Contributor address; City; State; Zip Co | | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | | Conroe, TX 77301 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 01/16/2024 | Railey, Lisa (Mrs.) | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Food Proces | pation / Job title (See Instructions) sing | | Employer (See Instructions | 5) | | |
| | Date 01/05/2024 | Full name of contributor out-on the Russell, Calvin and Ginger Contributor address; City; State; Zip of the Russell, Calvin and Ginger | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions | () | | |
| | | | · | | | | |

| | MONET | ARY POLITICAL CONT | | SCHEDULE A1 | | | | |
|---|-----------------------------|---|----------------------------|---|-----------------------------|---|------------|--|
| | The Instru | ction Guide explains how to co | mplete this form | n. | 1 | Total pages Schedule A1: Sch: 4/5 Rpt: 39/45 | | |
| 2 | FILER NAME Montgomery | County Tea Party PAC | | | 3 | Filer ID (Ethics Commission 00080611 | on Filers) | |
| 4 | Date 01/13/2024 | 5 Full name of contributor out-out-out-out-out-out-out-out-out-out- | | 7 | Amount of Contribution (\$) | \$125.00 | | |
| _ | | Montgomery, TX 77356 | 1- | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions | i) | | | |
| | Date 01/14/2024 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | |) | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu | Kingwood, TX 77339 pation / Job title (See Instructions) | | Employer (See Instructions | | | | |
| | Retired | oation 7 300 title (See matructions) | | Employer (See Instructions | יי | | | |
| | Date 01/04/2024 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | of-state PAC (ID#: Code |) | | Amount of Contribution (\$) | \$1,000.00 | |
| | | Conroe, TX 77384 | | | | | | |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions My Pool Xpert | 5) | | | |
| | Date 01/14/2024 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | | | | Amount of Contribution (\$) | \$175.00 | |
| | Principal occu Homemaker | oation / Job title (See Instructions) | | Employer (See Instructions |) | | | |
| | Date 01/07/2024 | Wasar, Mara (Mrs.) | | | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu Retired | oation / Job title (See Instructions) | | Employer (See Instructions | i) | | | |
| | | | • | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 | |
|---|---------------------------|---|------------------------------------|----------------|---|-------------|--|
| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/5 Rpt: 40/45 | | |
| 2 | FILER NAME Montgomery | County Tea Party PAC | | 3 | Filer ID (Ethics Commission 00080611 | n Filers) | |
| 4 | Date 01/13/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$25.00 | |
| _ | Deignaignal | Montgomery, TX 77356 | O Familia var (Cara Instructiona | <u></u> | | | |
| 8 | Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | | |
| | Date 01/08/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$840.00 | |
| | Principal occu | Montgomery, TX 77356 pation / Job title (See Instructions) | Employer (See Instructions Retired | <u> </u> ;) | | | |
| | Date 01/01/2024 | Full name of contributor out-of-state PAC (ID#:_ Wright, Thomas (Mr.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu | Conroe, TX 77304 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | | |
| | Date 01/07/2024 | Full name of contributor out-of-state PAC (ID#:_Yamaguchi, Kyndra (Ms.) Contributor address; City; State; Zip Code Conroe, TX 77385 |) | | Amount of Contribution (\$) | \$125.00 | |
| | Principal occurself | pation / Job title (See Instructions) | <u> </u> 5) | | | | |
| | Date 01/14/2024 | | | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions Retired | 5) | | | |
| | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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

| Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/5 Rpt: 41/45 | Montgomery County Tea Party PAC 00080611 |
| 4 Date | 5 Payee name |
| 01/01/2024 | C Panel |
| 6 Amount (\$) \$18.64 Expenditure from corporate funds 8 PURPOSE | 7 Payee address; City; State; Zip Code 2550 North Loop W. Suite 4006 Houston, TX 77092 (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Host |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/15/2024 | Constant Contact |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$84.31 | 1601 Trapelo Road |
| Expenditure from corporate funds | Waltham, MA 02451 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Host |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/17/2024 | Constant Contact |
| Amount (\$) \$97.76 | Payee address; City; State; Zip Code 1601 Trapelo Road |
| Expenditure from corporate funds | Waltham, MA 02451 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Host |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Candidate/Officeholder/Politica Credit Card Payment | | m/Awards/Memorials Expens egal Services | | | se s/Contract Labor | | OTHER (enter a | a category not listed above) | |
|--|------------------------------|--|------------------|------------------|------------------------|-----|--|------------------------------|--------|
| Credit Card r dyment | Т | he Instruction Guide ex | plains how to co | mple | ete this form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission F | ilers) |
| Sch: 2/5 Rpt: 42/45 | Montgomery | County Tea Party P | AC | | | | 00080611 | | |
| 4 Date | 5 Payee name | | | | | | | | |
| 01/05/2024 | Quik Pics Po | trait Studio | | | | | | | |
| 6 Amount (\$) | 7 Payee address | ; City; | State; Zip Co | ode | | | | | |
| \$6,000.00 | 25329 Budde | Road | | | | | | | |
| | Suite 604 | | | | | | | | |
| Expenditure from corporate funds | The Woodlan | ds, TX 77386 | | | | | | | |
| 8 PURPOSE | (a) Category (See | Categories listed at the top of | f this schedule) | (b) | Description | | | | |
| OF EXPENDITURE | Printing Expe | nse | | | = | | | nplete Schedule T. | |
| | | | | | Print Voter G | | officeholder livin | g expense | |
| | | | | | Pillit Votel G | uiu | e | | |
| 9 Complete ONLY if direct | Candidate/Office | holder name | Office sou | laht Iaht | | | Office h | eld | |
| expenditure to benefit C/OI | | noidei name | Office 500 | igill | | | Office II | Ciu | |
| Date | Doving name | | | | | | | | |
| 01/12/2024 | Payee name Quik Pics Po | trait Studio | | | | | | | |
| | | | 0:: 7: 0 | | | | | | |
| Amount (\$) | Payee address | | State; Zip Co | oae | | | | | |
| \$5,976.13 | 25329 Budde | Road | | | | | | | |
| Expenditure from | Suite 604 | | | | | | | | |
| corporate funds | The Woodlan | ds, TX 77386 | | | | | | | |
| PURPOSE | (a) Category (See | Categories listed at the top of | f this schedule) | (b) | Description | | | | |
| OF EXPENDITURE | Printing Expe | nse | | | _ | | | nplete Schedule T. | |
| | | | | | Print Voter G | | officeholder livin | g expense | |
| | | | | | Time voter of | uiu | C | | |
| Complete ONLY if direct | Candidate/Office | holder name | Office sou | l ıaht | | | Office h | eld | |
| expenditure to benefit C/OI | | ordor marino | 000 000 | ·9··· | | | 000 | o.u | |
| Date | Payoo namo | | | | | | | | |
| 01/25/2024 | Payee name Quik Pics Po | trait Studio | | | | | | | |
| | | | Ctata: Zin Ca | | | | | | |
| Amount (\$) | Payee address 25329 Budde | | State; Zip Co | oue | | | | | |
| \$2,321.96 | | Rudu | | | | | | | |
| Expenditure from | Suite 604 | | | | | | | | |
| corporate funds | The Woodlan | ds, TX 77386 | | | | | | | |
| PURPOSE OF | | Categories listed at the top of | f this schedule) | (b) | Description | | | | |
| EXPENDITURE | Printing Expe | nse | | | | | de of Texas. Con officeholder livin | nplete Schedule T. | |
| | | | | | Print Voter G | | | y expense | |
| | | | | | | | | | |
| Complete ONLY if direct | Candidate/Office | holder name | Office sou | <u>l</u> ight | | | Office h | eld | |
| expenditure to benefit C/OI | | | | J - | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Candidate/Officeholder/Politica Credit Card Payment | | Legal Services | | | | | | e) | |
|---|-----------------------|---|----------------------|-----------|------------------|-------|--------------------|--------------------|-----------|
| orodic odra i dymoni | | The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission | ı Filers) |
| Sch: 3/5 Rpt: 43/45 | Montgomer | y County Tea Party | / PAC | | | | 00080611 | | |
| 4 Date | 5 Payee name | | | | | | | | |
| 01/04/2024 | Win Red | | | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ss; City; | State; Zip Co | ode | | | | | |
| \$3.94 | 1776 Wilson | n Road | | | | | | | |
| | Suite 530 | | | | | | | | |
| Expenditure from corporate funds | Arlington, V | A 22209 | | | | | | | |
| 8 PURPOSE | (a) Category (Se | ee Categories listed at the to | on of this schodulo) | (b) | Description | | | | |
| OF | Fees | ee Calegories listed at the to | pp of this schedule) | `´ | | outsi | de of Texas. Con | nplete Schedule T. | |
| EXPENDITURE | | | | | Check if Austin, | , TX, | officeholder livin | g expense | |
| | | | | | Transaction F | -ee | | | |
| | | | | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ceholder name | Office sou | ıght | | | Office h | eld | |
| experialitie to belieff C/OI | | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 01/08/2024 | Win Red | | | | | | | | |
| Amount (\$) | Payee addre | ss; City; | State; Zip Co | ode | | | | | |
| \$17.74 | 1776 Wilson | n Road | | | | | | | |
| | Suite 530 | | | | | | | | |
| Expenditure from corporate funds | Arlington, V | A 22209 | | | | | | | |
| PURPOSE | (a) Category (Se | ee Categories listed at the to | pp of this schedule) | (b) | Description | | | | |
| OF EXPENDITURE | Fees | | | | _ | | | nplete Schedule T. | |
| | | | | | Transaction F | | officeholder livin | g expense | |
| | | | | | Transaction | CC | | | |
| Complete ONLY if direct | Candidate/Offi | ceholder name | Office sou | ıaht | | | Office h | eld | |
| expenditure to benefit C/OI | | cerioider riame | Office 30d | igiit | | | Onice ii | Cid | |
| Data | Davies name | | | | | | | | |
| Date 01/09/2024 | Payee name Win Red | | | | | | | | |
| | | 0'' | | | | | | | |
| Amount (\$) | Payee addre | | State; Zip Co | ode | | | | | |
| \$0.99 | 1776 Wilson | i Rodu | | | | | | | |
| Expenditure from | Suite 530 | | | | | | | | |
| corporate funds | Arlington, V | A 22209 | | | | | | | |
| PURPOSE OF | (a) Category (Se | ee Categories listed at the to | op of this schedule) | (b) | Description | | | | |
| EXPENDITURE | Fees | | | | | | | nplete Schedule T. | |
| | | | | | Transaction F | | officeholder livin | g expense | |
| | | | | | . ranoadion i | - | | | |
| Complete <u>ONLY</u> if direct | Candidate/Offi | ceholder name | Office sou | l Iaht | | | Office h | eld | |
| expenditure to benefit C/OI | | Tanada namo | Scc 300 | . y . 11 | | | 000 11 | | |
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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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/5 Rpt: 44/45 | Montgomery County Tea Party PAC 00080611 |
| 4 Date | 5 Payee name |
| 01/16/2024 | Win Red |
| | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$9.85 | 1776 Wilson Road |
| Expenditure from | Suite 530 |
| corporate funds | Arlington, VA 22209 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Transaction Fee |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 01/18/2024 | Win Red |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$4.93 | 1776 Wilson Road |
| Ψ4.50 | Suite 530 |
| Expenditure from | |
| corporate funds | Arlington, VA 22209 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Transaction Fee |
| | Transaction i ee |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| <u> </u> | |
| Date | Payee name |
| 01/22/2024 | Win Red |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$15.00 | 1776 Wilson Road |
| — Forestelliture from | Suite 530 |
| Expenditure from corporate funds | Arlington, VA 22209 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Transaction Fee |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Coi | mmittee | Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | | | ense .ges/Contract Labor | | Travel in District Travel Out of Dis OTHER (enter a | trict category not listed above) |
|---|---|---------------|--------------|--|-----------------|------------|-----------------------------|---------|---|-------------------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | | - | | | | Filer ID | (Ethics Commission Filers) |
| | Sch: 5/5 Rpt: 45/45 | | | ry County Tea Part | y PAC | | | | 00080611 | |
| 4 | Date | 5 | Payee name | e | | | | | | |
| | 01/16/2024 | | Win Red | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State; | Zip Cod | е | | | |
| | \$23.66 | | 1776 Wilso | on Road | | | | | | |
| | | | Suite 530 | | | | | | | |
| | Expenditure from corporate funds | | Arlington, \ | VA 22209 | | | | | | |
| 8 | PURPOSE | (a) | Category (S | See Categories listed at the to | op of this sche | edule) (| b) Description | 1 | | |
| | OF EXPENDITURE | | Fees | | | | | | de of Texas. Comp | |
| | | | | | | | Transaction | | officeholder living | expense |
| | | | | | | | Hansaclic | JII IEE | | |
| Ļ | Operation Objects " | <u> </u> | 0 | 25 I I-I | | | L-1 | | 0" : | 1-1 |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | Jandidate/Of | ficeholder name | O | ffice soug | nı | | Office he | eiu |
| | | | | | | | | | | |
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