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) 00085365 3 COMMITTEE NAME **OFFICE USE ONLY** Protect and Serve Texas PAC Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 622 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78767 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. John Eric NAME NICKNAME LAST **SUFFIX Borton** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1524 Waltham Ct. STREET **ADDRESS** (Residence or Business) Arlington, TX 76012 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 622 MAILING **ADDRESS** Austin, TX 78767 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 456-1362 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Protect and Serve Te	exas PAC		00085365	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported TJ Perkins Sheriff, Pecos Coul	nty	
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	195,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	60.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	743,029.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	146,334.61
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. John I	Eric Borton	
		Signature of Car		<u> </u>
AFFIX NOTAI	RY STAMP / SEAL ABOVE	Ç	. 0	
Sworn to and subscrib	ed before me, by the said	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Protect and Serve Texa	s PAC			00085365
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jennifer Bergman District Attor	ney
	(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	1. Candidates	A. Supported	Jody Johnson Constable, Tarra	ant County Pct 4
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			and county i of .
	(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	Ben Bumgarner State Represe	ntative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Protect and Serve Texa		_		00085365
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Spiller State Representati	tive
(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.)		Cody Harris State Representativ	ve
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angie Chen Button State Repre	esentative
(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)
	Protect and Serve Texa	s PAC				00085365	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stanley Gerdes Sta	te Represen	tative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A Supported	Javier Ramirez Stat	ta Ranracant	ativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Javiel Kallillez Stal	te Represent	auve	
	(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	Trent Ashby State F	Representativ	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Protect and Serve Texa	s PAC				00085365	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jay Dean State F	Representative		
	(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.)		Steve Allison Sta	te Representati	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		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	John Kuemple S	ate Representa	ıtive	
	(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)
	Protect and Serve Texa	s PAC			00085365	
	COMMITTEE	1. Candidates	A Supported	Dada Dhalan Stata Danracantat		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Dade Phelan State Representat	ive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	<u> </u>		Karala Thirasa I. State B		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Kronda Thimesch State Represe	entative	
	(Attack lists on plain	applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			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.)		Justin Holland State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			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)
	Protect and Serve Texa	s PAC			00085365	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charlie Geren State Representa	I ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Frederick Frazier State Represe	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Troublish Tuzior State Hopfoce	Than Vo	
	(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	Glenn Rogers State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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					Page 9 01 43
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Protect and Serve Texa	s PAC			00085365	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	DeWayne Burns State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gary VanDeaver State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Reggie Smith State Representa	tive	
(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 Protect and Serve Texa	s DAC			13 Filer ID	(Ethics Commission Filers)
Protect and Serve Texas	s PAC				
	51 AC			00085365	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stephanie Klick State Represen	tative	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Drew Darby State Representativ	/e	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Leslie Robnett State Representa	ative	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Attach lists on plain aper to complete this eport if necessary.) COMMITTEE COTIVITY Attach lists on plain aper to complete this	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if application of election and nature of issue.)	(Describe by date and location of election and nature of issue.) 3. Officeholders	Committee Committee	Committee Comm

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Protect and Serve Texa	s PAC			00085365	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cindi Bulla State Representative	e	
	(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	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	Mike Olcott State Representativ	е	
		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.)	I			
	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	Greg Switzer State Representat	ive	
		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)
	Protect and Serve Texa	s PAC				00085365	
	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	David Freimarck	State Represer	ntative	
		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	1. 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	Alan Schoolcraft	State Represe	ntative	
		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	Katrina Pierson	State Represen	tative	
		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)
	Protect and Serve Texa	s PAC			00085365
14	COMMITTEE	1. 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	Dennis London State Represent	tative
		2. Measures	A. Supported		
		(Describe by date and location of election and nature of issue.)	2.7		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if			
		applicable, classify by party.)	<u> </u>		
	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	Tom Glass State Representative	е
		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	Chad Carnahan State Represer	ntative
		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.)			
		approador, oracon, by party.			

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Protect and Serve Texa	is PAC				00085365	
14 COMMITTEE	1. 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	Averie Bishop	State Representa	ative	
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1					
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	Caroline Fairly	State Represent	ative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Jan Michelle Ma	angum-Merendin	o District Attorr	ney
	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					
	Assisted					

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Protect and Serve Texa	s PAC			00085365
14	COMMITTEE	1. 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	Jack Reynolds State Represent	ative
		2. Measures	A. Supported		
		(Describe by date and location of election and nature of issue.)			
			B. Opposed		
		Officeholders Assisted (Identify by name or, if			
	COMMITTEE	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.)	sentative			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders Assisted			
		(Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Marc LaHood State Representa	tive
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
		applicable, classify by party.)			

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COMMITTEE NAME Protect and Serve Texa	s PAC			13 Filer ID (Ethics Commission Filers)
	s PAC			
COMMITTEE				00085365
COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed	Chuck Branch State Representa	ative
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if			
COMMITTEE				
ACTIVITY	(Identify by name or, if			
Attach lists on plain paper to complete this report if necessary.)	sentative			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
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	Scott Bedford Constable, Tarran	nt County, Pct 4
	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 Attach lists on plain report if necessary.) COMMITTEE C	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.) Attach lists on plain apper 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.) COMMITTEE (CTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	aper to complete this sport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this sport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 4. Supported (Identify by name or, if applicable, classify by party.) 5. OMMITTEE (CTIVITY) 4. Supported (Identify by name or, if applicable, classify by party.) 5. OMMITTEE (CTIVITY) 5. COMMITTEE (CTIVITY) 6. Candidates (Identify by name or, if applicable, classify by party.) 6. Opposed (Identify by name or, if applicable, classify by party.) 6. Opposed (Identify by name or, if applicable, classify by party.) 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.)

FORM GPAC ADDENDUM

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						1 ago 11 or 10	
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)	
	Protect and Serve Texa	s PAC			00085365		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		1		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Helen Kerwin State Representa	ative		
		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				
	ACTIVITY	(Identify by name or, if applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)	te this					
		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	David Lowe State Representati	ve		
		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					

FORM GPAC ADDENDUM

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						1 ago 20 01 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Protect and Serve Texa	s PAC			00085365	
	COMMITTEE	1. Candidates	A Cupported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Chris Spencer State Represe	ntative	
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
	0014147777	applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates	A. Supported			
		(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.) B. Opposed Dale Huls State Representative						
		2. Measures (Describe by date and location of election and	A. Supported			
		nature of issue.)	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			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Stormy Bradley State Repres	entative	
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 19 of 43

					Fage 19 01 43
				13 Filer ID	(Ethics Commission Filers)
as PAC				00085365	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	B. Opposed	David Covey	State Representati	ive	
2. Measures	A. Supported				
(Describe by date and location of election and nature of issue.)					
	B. Opposed				
Officeholders Assisted (Identify by name or, if					
+	1				
Candidates (Identify by page or if	A. Supported				
applicable, classify by party.)					
	B. Opposed	Mitch Little S	tate Representative	9	
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.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Opposed 3. Opposed A. Supported B. Opposed B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed David Covey 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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported 3. Opposed A. Supported A. Supported B. Opposed B. Opposed A. Supported Coescribe by date and location of election and nature of issue.) B. Opposed A. Supported Coescribe by date and location of election and nature of issue.)	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed David Covey State Representat 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed Mitch Little State Representative 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported	I. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed David Covey State Representative 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed A. Supported Clearity by name or, if applicable, classify by party.) B. Opposed Mitch Little State Representative 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed A. Supported B. Opposed A. Supported

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

					20 of 43
17 CON	/MITTE	EE NAME	18 Filer ID	(Ethi	cs Commission Filers)
Prot	tect an	d Serve Texas PAC	00085365		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	185,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	_	\$	
4.	X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	10,000.00
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	168,802.36
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	574,227.56
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.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	3.23
				,	

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 21/43
2	FILER NAME Protect and	Serve Texas PAC			3	Filer ID (Ethics Commission Filers) 00085365
4	Date 02/15/2024	 Full name of contributor Associated Republicans of Contributor address; City; S 			7	Amount of Contribution (\$) \$10,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instruction:	3)	9 Employer (See Instructions	()	
	Date 02/20/2024	Full name of contributor Dade Phelan Campaign Contributor address; City; S		Amount of Contribution (\$) \$100,000.00		
	Principal occu	Austin, TX 78763	5)	Employer (See Instructions) ()	
	T Illioipai occu	pation 7 dob title (dee mandetion	·)	Employer (See mandons	')	
	Date 02/02/2024	Full name of contributor Jill Dutton Campaign Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$) \$39,000.00
	Principal occu	Ben Wheeler, TX 75754 pation / Job title (See Instruction	5)	Employer (See Instructions	5)	
	Date 02/07/2024	Full name of contributor ProjectRedTX Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$4,000.00
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	<u>(</u>	
	Date 01/30/2024	Full name of contributor Will Metcalf Campaign Contributor address; City; S Conroe, TX 77305			Amount of Contribution (\$) \$32,000.00	
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u>	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/1 Rpt: 22/43
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Protect and	Se	rve Texas PAC		00085365
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)
ı	02/09/2024		Pinemont-290, Inc		\$10,000.00
		6	Corporation / Labor Organization address; City; State; Zip Code		
			Houston, TX 77257		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	a category not listed above)
Credit Card Payment		The Instruction Guid	de explains how to c	ompl	ete this form.			
1 Total pages Schedule F1:	2 FILER NAME	Ī				3	Filer ID	(Ethics Commission Filers)
Sch: 1/4 Rpt: 23/43	Protect and	Serve Texas PAG	С				00085365	
4 Date	5 Payee name							
02/09/2024	Kate Tanke	rsley Consulting						
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
\$5,000.00	14810 Bran	nblewood						
X Expenditure from corporate funds	Houston, T	K 77079						
8 PURPOSE	(a) Category (Se	ee Categories listed at the	ton of this schedule)	(b)	Description			
OF	Accounting/		top of this seriedate)			outsi	de of Texas. Con	nplete Schedule T.
EXPENDITURE		_			—		officeholder livin	
					PAC Adminis	tra	tive Service	es .
				<u> </u>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office h	eld
Date	Payee name							
02/23/2024	Lawson Str	ategies, LLC						
Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
\$16,073.92	1407 Lost C	Creek Blvd						
Evnanditura from								
Expenditure from corporate funds	Austin, TX	78746						
PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description			
OF EXPENDITURE	Advertising				=			nplete Schedule T.
					ш		officeholder livin	
					of Thimesch I			ampaign Mail In Support
Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office h	old
expenditure to benefit C/O		centituel flame	Office So	ugni			Office fi	eiu
	г							
Date	Payee name							
02/23/2024	Lawson Str	ategies, LLC						
Amount (\$)	Payee addre	•	State; Zip C	ode				
\$16,073.92	1407 Lost C	Creek Blvd						
Expenditure from								
corporate funds	Austin, TX	78746						
PURPOSE	(a) Category (Se	ee Categories listed at the	top of this schedule)	(b)	Description			
OF EXPENDITURE	Advertising	Expense			\blacksquare			nplete Schedule T.
					ш		officeholder livin	ampaign Mail In Support
					of Thimesch I			ampaign maii iii Gappoit
Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>l</u> uaht			Office h	eld
expenditure to benefit C/O			233 00	gt			20011	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
oroun out a tymone	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 24/43	Protect and Serve Texas PAC 00085365
4 Date	5 Payee name
02/21/2024	Murphy Nasica & Associates
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$27,246.33	PO Box 1648
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Design, Production, Data and Postage for Mail
	Advertisement Supporting Rep. Phelan TX HD 21
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/21/2024	Murphy Nasica & Associates
Amount (\$)	Payee address; City; State; Zip Code
\$27,246.33	PO Box 1648
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Design, Production, Data and Postage for Mail Advertisement Supporting Rep. Phelan TX HD 21
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/08/2024	Murphy Nasica & Associates
Amount (\$)	Payee address; City; State; Zip Code
\$17,502.65	PO Box 1648
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EVLEINDITOKE	Check if Austin, TX, officeholder living expense
	Design, Data, Postage & Production for Mail
	Ad Supporting Jill Dutton, HD 2 - Reported onPrior
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
┡	Total pages Cabadula F1:	_			nuc explains	11011 10 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	Filor ID	(Ethics Commission Fi	lore)
	Total pages Schedule F1:				۸.				۱ ^۵	Filer ID	(Ethics Commission Fi	ieis)
L	Sch: 3/4 Rpt: 25/43			Serve Texas PA	4C					00085365		
4	Date	5	Payee name									
	02/08/2024		Murphy Nas	sica & Associate	S							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
	\$20,599.21		PO Box 164	18								
	Expenditure from corporate funds		Austin, TX	78767								
8	PURPOSE	(a)	Category (s	ee Categories listed at th	ne ton of this sch	edule)	(b)	Description				
	OF	l` <i>′</i>	Advertising		ie top of this sch	edule)	l` ′		outsi	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE		3	1				Check if Austin	, TX,	officeholder living	expense	
								•		•	duction for Mail	
								Ad Supportin	g J	ill Dutton, Hi	D 2 - Reported onP	rior
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	eld	
F	Date		Payee name									
	02/13/2024		Raven Publ	ic Affairs								
┝	Amount (\$)	_	Payee addre	ss; City;	State:	Zip Co	nde					
	\$4,000.00		PO Box 793	-	State,	Zip Ct	ouc					
	\$4,000.00		FO BOX 193	•								
	Expenditure from corporate funds		Austin, TX	78767								
	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense						de of Texas. Com		
								\Box		officeholder living	expense of Radio Advertisem	onto
											neriff Pecos County	
L							L					
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name		Office sou	ught			Office he	eld	
	Date		Payee name									
	02/12/2024		Texans for	Opportunity & Pr	rosperity PA	AC						
H	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	ode					
	\$17,500.00		•	a Ste. 110-265	,							
	+ =.,000.00			a								
	Expenditure from corporate funds		Austin, TX	78701			_					
	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ns/Donations Ma				ш		de of Texas. Com		
			Candidate/0	Officeholder/Poli	tıcal Comm	ittee		_		officeholder living	expense	
								Political Cont	Jun	utiOH		
dash							Ļ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Jandidate/Offi	ceholder name	C	Office sou	ught			Office he	eld	
	experience to beliefit 6/01	•										

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 26/43	Protect and Serve Texas PAC 00085365
4 Date	5 Payee name
02/16/2024	Texans for Opportunity & Prosperity PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12,500.00	1108 Lavaca Ste. 110-265
Expenditure from	Augtin TV 70701
corporate funds	Austin, TX 78701
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/09/2024	Texas Political Solutions LLC
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 685201
, , , , , , , ,	
X Expenditure from corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PAC Compliance Services
Complete ONLY if direct	Condidate/Office helds name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide e.	se Printing I Salaries/	Wages/Contract Labor	Travel in Distric Travel Out of D OTHER (enter a	
1 Total pages Schedule F2:	2 FILER NAM		•	<u> </u>	3 Filer ID	(Ethics Commission Filers)
Sch: 1/16 Rpt: 27/43		d Serve Texas PAC			00085365	(
4 TOTAL OF UNITEMIZ	ZED UNPAID	INCURRED OBLIC	GATIONS		\$	
5 Date	6 Payee name)				
02/19/2024	Campaign	Advocacy Manageme	ent Profession	als, LLC		
7 Amount (\$)	8 Payee addre	ess; City;	State; Zip C	ode		
\$21,089.53	401 NE 46	th				
Expenditure from corporate funds	Oklahoma	City, OK 73105				
9 TYPE OF EXPENDITURE	X	Political	Non-Po	litical		
10 PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b) Description		
OF EXPENDITURE	Advertising	Expense		ı =	el outside of Texas. Cor stin, TX, officeholder livin	
				, <u>–</u>	Production of C	Campaign Mail in Support
11 Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld
Date	Payee name)				
02/22/2024	Campaign	Advocacy Manageme	ent Profession	als, LLC		
Amount (\$)	Payee addre	ess; City;	State; Zip C	ode		
\$21,089.53	401 NE 46	th				
		City OK 72105				
Expenditure from corporate funds	Oklahoma	City, OK 73105				
	Oklahoma X	Political	Non-Po	litical		
TYPE OF EXPENDITURE PURPOSE	X			(b) Description		
TYPE OF EXPENDITURE PURPOSE OF	X	Political See Categories listed at the top of		(b) Description Check if trav	vel outside of Texas. Cor	•
TYPE OF EXPENDITURE PURPOSE	(a) Category (S	Political See Categories listed at the top of		(b) Description Check if trav	stin, TX, officeholder livin	g expense
TYPE OF EXPENDITURE PURPOSE OF	(a) Category (S	Political See Categories listed at the top of		(b) Description Check if trav	stin, TX, officeholder livin	•
TYPE OF EXPENDITURE PURPOSE OF	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of		(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin	g expense Campaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of Expense	of this schedule)	(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin I Production of C HD 62	g expense Campaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of Expense	of this schedule)	(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin I Production of C HD 62	g expense Campaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of Expense	of this schedule)	(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin I Production of C HD 62	g expense Campaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of Expense	of this schedule)	(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin I Production of C HD 62	g expense Campaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of Expense	of this schedule)	(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin I Production of C HD 62	g expense Campaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of Expense	of this schedule)	(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin I Production of C HD 62	g expense Campaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of Expense	of this schedule)	(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin I Production of C HD 62	g expense Campaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of Expense	of this schedule)	(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin I Production of C HD 62	g expense Campaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (s) Advertising Candidate/Off	Political See Categories listed at the top of Expense	of this schedule)	(b) Description Check if trav Check if Aus Design and of Smith - H	stin, TX, officeholder livin I Production of C HD 62	g expense Campaign Mail in Support

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	nse Printing Salaries	Expense Expense /Wages/Contra		Travel in Distriction Travel Out of E OTHER (enter	
		The Instruction Guide	explains how to c	omplete this	form.		
1 Total pages Schedule F2:	2 FILER NAM	E			3	3 Filer ID	(Ethics Commission Filers)
Sch: 2/16 Rpt: 28/43	Protect and	d Serve Texas PAC				00085365	
4 TOTAL OF UNITEMIZ	ZED UNPAID	INCURRED OBLI	GATIONS		9	\$	
5 Date	6 Payee name	;			•		
02/18/2024	KC Strateg	ies, LLC					
7 Amount (\$)	8 Payee addre	ess; City;	State; Zip C	ode			
\$17,341.40	3571 Far V	Vest Blvd Ste 196					
Expenditure from corporate funds	Austin, TX	78731					
9 TYPE OF EXPENDITURE	X	Political	Non-Po	olitical			
10 PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b) Descr	iption		
OF EXPENDITURE	Advertising	Expense		· =			mplete Schedule T.
EXI ENDITORE						TX, officeholder livi	
					gn and Pro Jrns - HD 2		Campaign Mail in Support
11 Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	ought		Office I	neld
Date	Payee name	1					
02/18/2024	KC Strateg						
Amount (\$)	Payee addre		State; Zip C	ode:			
\$18,988.34	1 1	Vest Blvd Ste 196	Otato, Zip c	, ouc			
Ψ10,000.04	00711411	rest biva ote 100					
Expenditure from corporate funds	Austin, TX	78731					
TYPE OF EXPENDITURE	X	Political	Non-Po	olitical			
				1			
PURPOSE	1	See Categories listed at the top	of this schedule)	(b) Descr			
PURPOSE OF EXPENDITURE	(a) Category (s		of this schedule)	☐ CI	neck if travel ou		mplete Schedule T.
OF	1		of this schedule)	Cr	neck if travel ou neck if Austin, T	ΓX, officeholder livi	ng expense
OF	1		of this schedule)	☐ cr ☐ cr Desi	neck if travel ou neck if Austin, T gn and Pro	TX, officeholder livinoduction of C	
OF	Advertising Candidate/Off		of this schedule) Office so	☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T	TX, officeholder livinoduction of C	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate/Off	Expense		☐ cr ☐ cr Desi of Va	neck if travel ou neck if Austin, T gn and Pro	rx, officeholder livinoduction of C - HD 1	ng expense Campaign Mail in Support

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/16 Rpt: 29/43 Protect and Serve Texas PAC 00085365 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/18/2024 KC Strategies, LLC Amount (\$) Payee address; State; Zip Code 3571 Far West Blvd Ste 196 \$15,101.56 Expenditure from Austin, TX 78731 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design and Production of Campaign Mail in Support of Smith - HD 62 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/21/2024 KC Strategies, LLC Amount (\$) Payee address; City; State; Zip Code \$17,179.76 3571 Far West Blvd Ste 196 Expenditure from Austin, TX 78731 corporate funds

UNPAID INCURRED OBLIGATIONS

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Contributions/ Donations Made By Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explair		(
4 Tatal manua Cabadula FO	· · · · · · · · · · · · · · · · · · ·	is now to complete this form	C Files ID (Fabine Commission Files)
1 Total pages Schedule F2:			3 Filer ID (Ethics Commission Filers)
Sch: 4/16 Rpt: 30/43	Protect and Serve Texas PAC		00085365
TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGAT	IONS	\$
5 Date	6 Payee name		
02/22/2024	KC Strategies, LLC		
7 Amount (\$)	8 Payee address; City; Sta	te; Zip Code	
\$17,179.76	3571 Far West Blvd Ste 196		
Expenditure from corporate funds	Austin, TX 78731		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
OF EVENDITUE	Advertising Expense	Check if travel	outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
			Production of Campaign Mail in Support
		of Darby - HI	D 72
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
02/11/2024	Murphy Nasica & Associates		
Amount (\$)		te; Zip Code	
\$27,518.16	PO Box 1648	10, 2.p 0000	
\$21,516.10	PO BOX 1046		
Expenditure from corporate funds	Austin, TX 78767		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
OF EVENDITUE	Advertising Expense		outside of Texas. Complete Schedule T.
EXPENDITURE	j '	Check if Austin	n, TX, officeholder living expense
			Production of Campaign Mail in Support
		of Rogers - H	1D 60
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

UNPAID INCURRED OBLIGATIONS EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explai	ins how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 31/43	Protect and Serve Texas PAC		00085365
4 TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGAT	TIONS	\$
5 Date	6 Payee name		
02/11/2024	Murphy Nasica & Associates		
7 Amount (\$)	8 Payee address; City; Sta	ate; Zip Code	
\$23,636.13	PO Box 1648		
Expenditure from			
corporate funds	Austin, TX 78767		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		of Kuemple -	Production of Campaign Mail in Support HD 44
44 Commission ONLY if allowed	On distant 10ff and all an or are	·	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
02/14/2024	Murphy Nasica & Associates		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
\$23,636.13	PO Box 1648		
Expenditure from			
corporate funds	Austin, TX 78767		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T.
LXI LINDITORE		 	n, TX, officeholder living expense
		Design and F of Kuemple -	Production of Campaign Mail in Support HD 44
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name H	Office sought	Office held

UNPAID INCURRED OBLIGATIONS EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Loan Repayment/Reimbursement Event Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Polling Expens e Printing Expen		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide ex	plains how to compl	lete this form.	
1 Total pages Schedule F2:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 6/16 Rpt: 32/43	Protect and Serve Texas PAC			00085365
4 TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIG	SATIONS		\$
5 Date	6 Payee name			
02/11/2024	Murphy Nasica & Associates			
7 Amount (\$)	8 Payee address; City;	State; Zip Code		
\$22,630.29	PO Box 1648			
Expenditure from corporate funds	Austin, TX 78767			
9 TYPE OF EXPENDITURE	X Political	Non-Politica	d	
10 PURPOSE	(a) Category (See Categories listed at the top o	f this schedule) (b)	Description	
OF EXPENDITURE	Advertising Expense		ш	outside of Texas. Complete Schedule T.
			ш	TX, officeholder living expense roduction of Campaign Mail in Support
			of Holland - H	
11 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/O				
Date	Payee name			
02/11/2024	Murphy Nasica & Associates			
Amount (\$)	Payee address; City;	State; Zip Code		
\$22,630.29	PO Box 1648			
Expenditure from corporate funds	Austin, TX 78767			
TYPE OF EXPENDITURE	X Political	Non-Politica	d	
PURPOSE	(a) Category (See Categories listed at the top o	f this schedule) (b)	Description	
OF EXPENDITURE	Advertising Expense		=	outside of Texas. Complete Schedule T.
				TX, officeholder living expense roduction of Campaign Mail in Support
			of Holland - H	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	 Candidate/Officeholder name H	Office sought	;	Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/16 Rpt: 33/43 Protect and Serve Texas PAC 00085365 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/11/2024 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$24,576.46 PO Box 1648 Expenditure from Austin, TX 78767 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design and Production of Campaign Mail in Support of Gerdes - HD 17 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/11/2024 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$19,095.20 PO Box 1648 Expenditure from

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/16 Rpt: 34/43 Protect and Serve Texas PAC 00085365 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/11/2024 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$15,413.89 PO Box 1648 Expenditure from Austin, TX 78767 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design and Production of Campaign Mail in Support of Bumgarner - HD 63 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/13/2024 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$15,413.89 PO Box 1648 Expenditure from Austin, TX 78767 corporate funds **TYPE OF** Non-Political Χ Political **EXPENDITURE**

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

(b) Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Design and Production of Campaign Mail in Support

Office held

Check if Austin, TX, officeholder living expense

of Bumgarner - HD 63

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

Candidate/Officeholder name

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/16 Rpt: 35/43 Protect and Serve Texas PAC 00085365 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/11/2024 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$13,750.11 PO Box 1648 Expenditure from Austin, TX 78767 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design and Production of Campaign Mail in Support of Robnett- HD 97 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/14/2024 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$17,243.18 PO Box 1648 Expenditure from Austin, TX 78767 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE**

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

(b) Description

Office sought

of Bulla - HD 87

Check if travel outside of Texas. Complete Schedule T.

Design and Production of Campaign Mail in Support

Office held

Check if Austin, TX, officeholder living expense

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

Candidate/Officeholder name

UNPAID INCURRED OBLIGATIONS

	EXPENDITURE CAT	TEGORIES FOR B	OX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhe Polling Expense Printing Exper		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide ex	plains how to comp	lete this form.	
1 Total pages Schedule F2: Sch: 10/16 Rpt: 36/43	2 FILER NAME Protect and Serve Texas PAC			3 Filer ID (Ethics Commission Filers) 00085365
4 TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIG	ATIONS		\$
5 Date 02/14/2024	6 Payee name Murphy Nasica & Associates			
7 Amount (\$) \$26,070.10	8 Payee address; City; PO Box 1648	State; Zip Code		
Expenditure from corporate funds	Austin, TX 78767			
9 TYPE OF EXPENDITURE	X Political	Non-Politica	d	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Advertising Expense	this schedule) (b)	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Production of Campaign Mail in Support 68
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought		Office held
Date	Payee name			
02/14/2024	Murphy Nasica & Associates			
Amount (\$) \$21,414.57	Payee address; City; PO Box 1648	State; Zip Code		
Expenditure from corporate funds	Austin, TX 78767			
TYPE OF EXPENDITURE	X Political	Non-Politica	d	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Advertising Expense	this schedule) (b)	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Production of Campaign Mail in Support 8
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought		Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Advertising Expense Accounting/Banking	Event Expense Fees	Office Ov	payment/Reimbursement erhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By			xpense	Travel in District Travel Out of District
Candidate/Officeholder/Politica	al Committee Legal Services The Instruction Guide 6		Wages/Contract Labor mplete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME	•		3 Filer ID (Ethics Commission Filers)
Sch: 11/16 Rpt: 37/43	Protect and Serve Texas PAC			00085365
4 TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLI	GATIONS		\$
5 Date	6 Payee name			
02/14/2024	Murphy Nasica & Associates	0		
7 Amount (\$) \$21,097.90	8 Payee address; City; PO Box 1648	State; Zip Co	ode	
Expenditure from corporate funds	Austin, TX 78767			
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical	
10 PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
EXPENDITURE	Advertising Expense		. <u>–</u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			. 	Production of Campaign Mail in Suppo
			of Geren - HI	99
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ught	Office held
Date	Payee name			
02/14/2024	Murphy Nasica & Associates			
Amount (\$)	Payee address; City;	State; Zip Co	ode	
\$12,365.67	PO Box 1648			
Expenditure from corporate funds	Austin, TX 78767			
TYPE OF EXPENDITURE	X Political	Non-Pol	itical	
	<u> </u>			
PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	Check if travel	outside of Texas. Complete Schedule T.
OF		of this schedule)	Check if travel	, TX, officeholder living expense
OF		of this schedule)	Check if travel	, TX, officeholder living expense Production of Campaign Mail in Suppol
OF	Advertising Expense Candidate/Officeholder name	of this schedule) Office sou	Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppol
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80
OF EXPENDITURE Complete ONLY if direct	Advertising Expense Candidate/Officeholder name		Check if travel Check if Austin Design and F of Ramirez -	, TX, officeholder living expense Production of Campaign Mail in Suppo HD 80

EXPENDITURE CATEGORIES FOR BOX 10(a)

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/16 Rpt: 38/43 Protect and Serve Texas PAC 00085365 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/19/2024 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$20,656.29 PO Box 1648 Expenditure from Austin, TX 78767 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE**

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/16 Rpt: 39/43 Protect and Serve Texas PAC 00085365 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/23/2024 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$24,246.77 PO Box 1648 Expenditure from Austin, TX 78767 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design and Production of Campaign Mail in Support of Ashby - HD 9 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/23/2024 Murphy Nasica & Associates

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	<i>/</i> -	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling se Printing	Expense Expens		Tr Tr	avel in District avel Out of Dis	
		The Instruction Guide ex	xplains how to	compl	ete this form.			
1 Total pages Schedule F2: Sch: 14/16 Rpt: 40/43		Serve Texas PAC				l	ler ID 0085365	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ZED UNPAID I	NCURRED OBLIG	SATIONS			\$		
5 Date 02/23/2024	6 Payee name Murphy Nas	ica & Associates						
7 Amount (\$) \$16,215.89	8 Payee addres		State; Zip (Code				
Expenditure from corporate funds	Austin, TX 7	'8767						
9 TYPE OF EXPENDITURE	X F	Political	Non-Po	olitical				
10 PURPOSE OF	(a) Category (Se	e Categories listed at the top o	of this schedule)	(b)	Description			
EXPENDITURE	Advertising	Expense			Check if travel of Check if Austin			plete Schedule T. g expense
					ш	rodu		ampaign Mail in Support
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	ceholder name	Office so	ought			Office he	eld
Date	Payee name							
02/14/2024	Murphy Nas	ica & Associates						
Amount (\$)	Payee addres	ss; City;	State; Zip (Code				
\$8,642.88	PO Box 164	8						
Expenditure from corporate funds	Austin, TX 7	'8767						
	_	'8767 Political	Non-Po	olitical				
TYPE OF EXPENDITURE PURPOSE	(a) Category (Se	Political re Categories listed at the top of			Description			
TYPE OF EXPENDITURE	X F	Political re Categories listed at the top of			Description Check if travel			iplete Schedule T.
TYPE OF EXPENDITURE PURPOSE OF	(a) Category (Se	Political re Categories listed at the top of			Description Check if travel (, TX, off	iceholder living	g expense
TYPE OF EXPENDITURE PURPOSE OF	(a) Category (Se	Political re Categories listed at the top of			Description Check if travel (, TX, off Produc	iceholder living	g expense ampaign Mail in Support
TYPE OF EXPENDITURE PURPOSE OF	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense		(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (Se Advertising	Political Se Categories listed at the top of Expense	of this schedule)	(b)	Description Check if travel of Check if Austin Design and F of Bergman,	, TX, off Produc	iceholder living ction of Ca cy County	g expense ampaign Mail in Support DA

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.
1 Total pages Schedule F2: Sch: 15/16 Rpt: 41/43	2 FILER NAME Protect and Serve Texas PAC	3 Filer ID (Ethics Commission Filers) 00085365
4 TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIGATION	ONS \$
5 Date 02/19/2024	6 Payee name Murphy Nasica & Associates	·
7 Amount (\$) \$17,387.00	8 Payee address; City; State PO Box 1648	e; Zip Code
Expenditure from corporate funds	Austin, TX 78767	
9 TYPE OF EXPENDITURE	X Political	Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Design and Production of Campaign Mail in Support of Johnson, Tarrant County Constable, Pct 4
11 Complete ONLY if direct expenditure to benefit C/Oh		Office sought Office held
Date 02/14/2024	Payee name Murphy Nasica & Associates	
Amount (\$) \$2,000.00 Expenditure from corporate funds	Payee address; City; State PO Box 1648 Austin, TX 78767	e; Zip Code
TYPE OF EXPENDITURE	X Political	Non-Political
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Design and Distribution of Digital Messages in Support of Bergman, Liberty County DA
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/16 Rpt: 42/43 Protect and Serve Texas PAC 00085365 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/14/2024 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$3,421.39 PO Box 1648 Expenditure from Austin, TX 78767 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design and Distribution of Digital Messages in Support of Bulla - HD 87 Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 43/43 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Protect and Serve Texas PAC 00085365 Date 5 Name of person from whom amount is received 8 Amount (\$) 02/08/2024 \$3.23 Independent Bank 6 Address of person from whom amount is received; City; State; Zip Code Lakeway, TX 78738 Purpose for which amount is received Check if political contribution returned to filer **Bank Interest**