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) 00066451 3 COMMITTEE NAME **OFFICE USE ONLY** True Texas Project PAC Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1972 Casa Loma Ct. Date Hand-delivered or Date Postmarked Change of Address Grapevine, TX 76051 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Fred D. NAME NICKNAME LAST **SUFFIX** McCarty Ш STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1972 Casa Loma Ct. STREET **ADDRESS** (Residence or Business) Grapevine, TX 76051 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1972 Casa Loma Ct. MAILING **ADDRESS** Grapevine, TX 76051 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 741-0004 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** 01/21/2024 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

2 COMMITTEE NAME		I	13 Filer ID	(Ethics Commission Filers)
True Texas Project PAC			00066451	,
4 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		
-	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.)	Commissioner CHRISTI CRADI	DICK Railroad	d Commissioner
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	180.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,539.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST E G PERIOD	DAY \$	5,355.70
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Mr. Frad D	MaControll	
		Mr. Fred D. Signature of Can		er .
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed l	pefore me, by the said	, th	is the	day
		which, witness my hand and seal of office.		uuy
	, <u> </u>	,		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 3 01 19
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
True Texas Project PAC				00066451	
COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)				
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.)		Judge JOHN DEVINE Supreme	Court Justice	
COMMITTEE	Candidates	A Supported	Mr. DAVID SCHENCK Court Of	Criminal Appar	ale Judgo
ACTIVITY	(Identify by name or, if applicable, classify by party.)		WII. DAVID SCHENCK COURT OF	Спппа Аррес	als, Juuge
(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. GINA PARKER Court Of C	riminal Appeals	s, 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			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

PURPUSE						Page 4 of 19
12 COMMITTEE NAME	_				13 Filer ID	(Ethics Commission Filers)
True Texas Project PAC					00066451	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mrs. MARY BO	NE State Board	Of Education	
(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

	5 of 19				
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics (Commission Filers)
Tru	е Теха	s Project PAC	00066451		
19 SCI	HEDULE	E SUBTOTALS			
	ME OF		SU	BTOTAL AMOUNT	
				 	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	180.00
				├──	
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				Ľ	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	_	
4.	Ш	ORGANIZATION		\$	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR		
5.	Ш	LABOR ORGANIZATION		\$	
				 	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
				├──	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
		ORGANIZATION		<u> </u>	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$	
0.	Ш	SCHEDOLE D. FLEDGED CONTRIBOTIONS FROM CORPORATION OR LABOR (DRGANIZATION)	
9.	Ш	SCHEDULE E: LOANS		\$	
				 	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	9,539.11
				├──	
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONE	_	
12.	Ш	SCHEDOLE F3. FORCHASE OF INVESTMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				 	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
				<u> </u>	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$	
	Ш	TO FILER			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 6/19		
2	FILER NAME True Texas F	FILER NAME True Texas Project PAC			3	Filer ID (Ethics Commission 00066451	Filers)	
4	Date 02/01/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$20.00		
8	Principal occur	NAMPA, IN 83651 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 			
Ŭ	RETIRED	pation / cos the (see instructions)	ľ	RETIRED	,,			
	Date Full name of contributor out-of-state PAC (ID#:) 01/21/2024 Ray , Thomas (Mr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00			
		Plano, TX 75074	_		L			
	Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions Retired	5)			
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$60.00		
		FORT WORTH, TX 76107						
	Principal occu SELF	pation / Job title (See Instructions)		Employer (See Instructions SELF	5)			
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID#:_Solmon , Ethan (Mr.) Contributor address; City; State; Zip Code Colleyville, TX 76034)	•	Amount of Contribution (\$)	\$25.00	
	Principal occupation / Job title (See Instructions) Student			Employer (See Instructions none	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/22/2024 TRUMAN, MARY Contributor address; City; State; Zip Code RICHMOND, TX 77407			Amount of Contribution (\$)	\$50.00			
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			•					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/13 Rpt: 7/19	True Texas Project PAC 00066451
4 Date	5 Payee name
02/24/2024	BIEDERMAN, KYLE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	1391 Arbor Ridge Rd
Expenditure from corporate funds	FREDERICKSBURG, TX 78624
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	BOWTHONS
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Dete	·
Date	Payee name
02/24/2024	COVEY, DAVID
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	10745 Hwy 12 Unit 2
Expenditure from	
corporate funds	ORANGE, TX 77632
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	COVEY, DAVID State Representative District 21
Date	Payee name
02/24/2024	DENNIS, LONDON
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	457 Laurence Drive, #603
Expenditure from corporate funds	HEATH, TX 75032
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	DONATION
Occupations Children	Ora didata (Office hadden grown
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	LONDON, DENNIS State Representative District 33

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	omplete thi	is form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 2/13 Rpt: 8/19	True Texas Project PAC			00066451	
4 Date	5 Payee name		<u> </u>		
02/24/2024	DEVINE, JOHN (Mr.)				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$200.00	1 E Greenway Plaza Ste 225				
Expenditure from corporate funds	HOUSTON, TX 77046				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	cription		
OF EXPENDITURE	Contributions/Donations Made By		Check if travel outsid		
	Candidate/Officeholder/Political Committee		Check if Austin, TX, on NATION	omicenolaer living	g expense
			117 (110)		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u>		Office he	7ld
expenditure to benefit C/O		agrit			ne Court Justice Place 4
Dete	·				
Date	Payee name				
01/31/2024	EXCELSIOR GSC LLC				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$6,250.00	1140 AVE OF THE AMERICAS				
Expenditure from					
corporate funds	NEW YORK, NY 10036				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	cription		
OF EXPENDITURE	Advertising Expense		Check if travel outsid		
			Check if Austin, TX, on the CA		g expense
			L VOTER OF	LLO	
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht T		Office he	əld
expenditure to benefit C/O					d Commissioner
Data	i				
Date	Payee name (see previous)				
Amount (\$)	Payee address; City; State; Zip Co	ode			
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des			
OF EXPENDITURE			Check if travel outsid		
			Check if Austin, TX, o	omicenolaer living	g expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht		Office he	əld
expenditure to benefit C/O		~9'''			ne Court Justice
	,			20,011	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 3/13 Rpt: 9/19	True Texas Project PAC 00066451	
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	, ,		
	Expenditure from		
<u>느</u>	corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	SCHENCK, DAVID (Mr.) Court Of Criminal Appeals,	
	Date	Payee name	=
		(see previous)	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	- Formanditura franc		
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	•	TARREIN, OHVA (MIS.)	_
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	_
Г	Expenditure from		
<u> </u>	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	LOWE, DAVID (Mr.) State Representative District 91	
			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 4/13 Rpt: 10/19	True Texas Project PAC 00066451
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	■ Evnondituro from	
L	Expenditure from corporate funds	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
		<u> </u>
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
_	T Expenditure from	
L	corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held HANSON, ADAM (Mr.) CONSTABLE Place 1
	'	1 HANSON, ADAM (Mr.) CONSTABLE Place 1
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	- Company distance from the	
	Expenditure from corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	1 KIEFER, JOHN (Mr.) CONSTABLE Place 7

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

	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: 5/13 Rpt: 11/19	True Texas Project PAC	00066451
4	Date	5 Payee name	-
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE		travel outside of Texas. Complete Schedule T.
		LI CHECKIII.	Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	BENNETT, PATRICIA (Judge)	District Judge District 360
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	l 	travel outside of Texas. Complete Schedule T.
		Check if	Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		396
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	, ,		
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	Check if	travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if .	Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

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

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

Candidate/Officenolder/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: 6/13 Rpt: 12/19	True Texas Project PAC 00066451
4 Date	5 Payee name
02/24/2024	FEUERSTEIN, JOSH
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	
Expenditure from corporate funds	TX
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense DONATION
	DONATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	FEUERSTEIN, JOSH State Representative District 4
Date	Payee name
02/24/2024	GEORGE, ABRAHAM
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	PO Box 1092
Expenditure from corporate funds	WYLIE, TX 75098
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/Oi	GEORGE, ABRAHAM State Representative District 89
Date	Payee name
02/24/2024	GLASS, TOM
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	P.O. Box 720, McDade
·	
Expenditure from corporate funds	MCDADE, TX 78650
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	DONATION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	GLASS, TOM State Representative District 17

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

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: 7/13 Rpt: 13/19	True Texas Project PAC 00066451
4 Date	5 Payee name
02/24/2024	HOPPER, ANDY
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	PO Box 1052
— Forest dit us form	
Expenditure from corporate funds	DECATUR, TX 76234
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	DONATION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	HOPPER, ANDY State Representative District 64
Date	Payee name
02/24/2024	LITTLE, MITCH
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	1505 Elm St Suite 1601
φ200.00	1303 Eiiii St Suite 1001
Expenditure from	
corporate funds	DALLAS, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	1 LITTLE, MITCH State Representative District 65
Date	Payee name
02/24/2024	LOWE, DAVID (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	David@DavidLoweforTexas.com
Expenditure from corporate funds	NORTH RICHLAND HILLS, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	DONATION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	LOWE, DAVID State Representative District 91

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

Candidate/Officeholder/Politica Credit Card Payment	al 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	5)
Sch: 8/13 Rpt: 14/19	True Texas Project PAC 00066451	
4 Date	5 Payee name	
02/24/2024	LUTHER, SHELLY	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$200.00	7989 Belt Line Rd #139-1C	
Expenditure from corporate funds	DALLAS, TX 75248	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Bowlien	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
	State Representative District 02	
Date	Payee name	
02/18/2024	Office Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$289.11	1317 W. State Hwy 114	
Expenditure from corporate funds	Grapevine, TX 76051	
PURPOSE	·	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	MAILERS	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H CRADDICK, CHRISTI Railroad Commissioner	
Date	Payee name	
24.0	(see previous)	
Amount (t)		
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
0 1. 6		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiature to benefit C/OH DEVINE, JOHN Supreme Court Justice		

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

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: 9/13 Rpt: 15/19	True Texas Project PAC 00066451	
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
` '		
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	SCHENCK, DAVID Court of Criminal Appeals,	
Date	Payee name	
	(see previous)	
Amount (\$)		
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	PARKER, GINA Court Of Criminal Appeals,	
Date	Payee name	
	(see previous)	
A		
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH FINLEY, LEE Court Of Criminal Appeals,		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

	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: 10/13 Rpt: 16/19	True Texas Project PAC 00066451		
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	Expenditure from corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		
	LAFENDITORE	Check if Austin, TX, officeholder living expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	HALL, BRANDON State Board Of Education		
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Code		
	Amount (\$)	rayee address, City, State, Zip Code		
_	T Expenditure from			
L	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	SCHOFIELD, BRAD State Representative District 98		
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Code		
	Amount (\$)	rayee address, City, State, Zip Code		
_	Expenditure from			
	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH CIARDINO VINCENT District 1940 District 206			
	expenditure to benefit C/OH GIARDINO, VINCENT District Judge District 396			

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

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: 11/13 Rpt: 17/19	True Texas Project PAC 00066451				
4 Date	5 Payee name				
	(see previous)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
, ,					
Expenditure from corporate funds					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	H KNIGHT, WILLIAM Criminal District Court Judge				
Date	Payee name				
	(see previous)				
Α					
Amount (\$)	Payee address; City; State; Zip Code				
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	BENNETT, PATRICIA Family District Court Judge				
Date					
Dale	Payee name (soo provious)				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
Evnanditura fra					
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH BARNES, RICK TAX ASSESSOR					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Candidate/Officeholder/Politica Credit Card Payment		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: 12/13 Rpt: 18/19	True Texas Project PAC	00066451		
4 Date	5 Payee name			
02/24/2024	RICHARD, WAYNE			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$200.00				
Expenditure from corporate funds	PLANO, TX 75093			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF		outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political Committee	, TX, officeholder living expense		
	DONATION			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
experialiture to benefit C/Oi	RICHARD, WAYNE State Representative Distr	ict 66		
Date	Payee name			
02/24/2024	SCHENCK, DAVID (Mr.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$200.00	1717 Main St., Suite 4200			
Expenditure from corporate funds	DALLAS, TX 75201			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee	, TX, officeholder living expense		
	DONATION			
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/O		Office field		
	Court of Chiminal Appeals,			
Date	Payee name			
02/22/2024	SWITZER, GREG			
Amount (\$)	Payee address; City; State; Zip Code			
\$200.00	P. O. Box 652			
Expenditure from				
corporate funds	SEGUIN, TX 78156			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations wade by	outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee Check if Austin DONATION	, TX, officeholder living expense		
	DONATION			
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SWITZER, GREG State Representative District 44			
State Representative District 44				

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: Sch: 13/13 Rpt: 19/19	2 FILER NAME True Texas Project PAC	3 Filer ID (Ethics Commission Filers) 00066451
4 Date 02/24/20246 Amount (\$)	Payee name VIRDELL, WESPayee address; City; State; Zip Code	
\$200.00 Expenditure from corporate funds	P.O. Box 147 BRADY, TX 76825	
8 PURPOSE OF EXPENDITURE	Contributions/Bondtions Made By	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H VIRDELL, WES State Representative D	Office held sistrict 53