#### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

			_			
Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00066799		2 Total pages filed: 151
3	COMMITTEE NAME					OFFICE USE ONLY
	Texas Patriots Sta	te PAC				
						ELECTRONICALLY FILED
						02/25/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY;	STATE; ZIP CO	DDE	
	ADDRESS	P.O. BOX 130184				Date Hand-delivered or Date Postmarked
	—					Date Hand-delivered of Date POSIMARKED
	Change of Address	The Woodlands, TX 77393				Receipt # Amount
						Amount Amount
						Data Dragogood
						Date Processed
						Date language
						Date Imaged
Ŀ	0.000					
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				MI
	NAME	Nancy				
		NICKNAME LAST				SUFFIX
		Sievert				
Ļ	04404					
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	STREET	2 South Floral Leaf Circle				
	ADDRESS					
	(Residence or Business)	The Woodlands, TX 77381				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER MAILING	2 South Floral Leaf Circle				
	ADDRESS					
		The Woodlands, TV 77201				
	Change of Address	The Woodlands, TX 77381				
8	CAMPAIGN		EX	ENSION		
	TREASURER PHONE	(713) 206-0913				
	THOME					
9	REPORT	January 15	)th r	lay before election		Dissolution (Attach PAC-DR)
	TYPE		Juit	ay bolor diction		
			h da	y before election		10th day after campaign treasurer
		July 15	unot	f		termination
L				·		
10	PERIOD	Month Day Year		Month	Day	Year
	COVERED	01/26/2024 T	HRO	DUGH 02/2	4/2024	l .
11	ELECTION	ELECTION DATE		ELECTION TY	/PE	
			Prim	_ · ·		Other
		03/05/2024				
			Sene	eral Special		
		· · · · · · ·				
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Foi	rms provided by Tex	xas Ethics Commission www.e	thic	s.state.tx.us		Version V3.5.1.9000c47

#### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Texas Patriots State PA	C		00066799			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Joe Sager Montgomery Coun	ty Precinct Ch	nair #1		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,012.34		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITICA	L EXPENDITURES	\$	19,124.75		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	6,279.96		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT			· · · · ·			
		I swear, or affirm, under penalty of pe true and correct and includes all info under Title 15, Election Code.				
		Nanci	y Sievert			
		Signature of Ca		rer		
			1			
AFFIX NOTARY	STAMP / SEAL ABOVE					
		,1	this the	day		
of	, 20, to certify v	which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c471		

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Patriots State PA	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Douglas Taylor Montgomery Co	unty Chair Pred	cinct #5
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Phoebe Wesley Montgomery Co	ounty Chair Pre	cinct #7
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lana Springer Montgomery Cou	inty Chair Preci	nct #10
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	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)
Texas Patriots State PA	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dawn McMinn Montgomery Cou	inty Chair Prec	inct #11
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Tony Labelle Montgomery Coun	nty Chair Precin	rct #15
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jim Becka Montgomery County	Chair Precinct	#16
(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				<b>13</b> Filer ID (Ethics Commission Filers)
Texas Patriots State PA	AC			00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dale Fessenden Montgome	ry County Chair Precinct #17
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jason Reagan Montgomery	County Chair Precinct #18
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Julie Davis Montgomery Co	unty Chair Precinct #19
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
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12 COMMITTEE NAME					(Ethics Commission Filers)
Texas Patriots State PA	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Terry Rendon Sherman Montgo	mery County C	hair Precinct #20
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sunday Shibley Montgomery Co	ounty Chair Pre	cinct #22
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Bob Bagley Montgomery County	y Chair Precinc	t #24
(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)
Texas Patriots State PA	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Phil Cady M	lontgomery County	y Chair Precinct #	¥25
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Caleb Smith	Montgomery Cou	inty Chair Precin	ct #26
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Steve Kent	Montgomery Cour	nty Chair Precinc	t #28
(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)
Texas Patriots State PA	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Brock	Montgomery County	Chair Precinct	: #29
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mark Furber	Montgomery Count	ty Chair Precino	ct #30
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Betty Anders	son Montgomery Co	ounty Chair Pree	cinct #31
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	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)
Texas Patriots State PA	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Glenn Cox Mo	ontgomery County	Chair Precinct	#32
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kenneth Allen	Montgomery Cou	nty Chair Preci	nct #34
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tammy Kelver	Montgomery Cou	unty Chair Prec	inct #35
(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				<b>13</b> Filer ID (Ethics Commission Filers)
Texas Patriots State PA	AC			00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Paul Crowson Montgomery Co	unty Chair Precinct #36
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kristen Plaisance Montgomery	County Chair Precinct #37
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Brad Vickers Montgomery Cou	nty Chair Precinct #39
(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)	
Texas Patriots State PA	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jay Mitchell Montgomery Count	y Chair Precinc	t #40
(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.)	<ul><li>A. Supported</li><li>B. Opposed</li></ul>			
	0.0%				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Theresa Lee Montgomery Coun	ty Chair Precin	ct #41
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Bill Philibert Montgomery Count	y Chair Precino	ct #42
(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	<b>13</b> Filer ID (Ethics Commission Filers)			
Texas Patriots State PA	AC			00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Schulter Montgo	nery County Chair Precinct #44
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Peter Stees Montgome	ry County Chair Precinct #46
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Steven Lawrence Mon	tgomery County Chair Precinct #48
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
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12 COMMITTEE NAME				<b>13</b> Filer ID (Ethics Commission Filers)
Texas Patriots State PA	AC			00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Christina lightfoot Montgomery (	County Chair Precinct #50
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sandra Walker Montgomery Co	unty Chair Precinct #51
(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	Jerral (Wayne) Pearson Montgo	mony County Chair Provinct #52
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Jerrai (wayne) Pearson Monigo	mery County Chair Precinct #52
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Patriots State PA	AC		00066799			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sharon Blair	Montgomery Count	y Chair Precine	ct #53
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Tom Grega	Montgomery County	Chair Precinc	t #54
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sarah Allisor	Montgomery Coun	ity Chair Precir	net #55
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	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)
Texas Patriots State PA	NC .			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mary Burks Montgomery County	Chair Precinct	#56
(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		Elizabeth Rickard Montgomery (	County Chair D	ecinct #58
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Jim Dinaso Montgomery County	Chair Precinct	#60
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Patriots State PA	NC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Herschel Williams Mc	ntgomery County Chair F	Precinct #63
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if		Jeff Marshall Montgo	mery County Chair Precin	ct #65
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Wendy Yockey Monto	gomery County Chair Pred	cinct #66
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	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)
Texas Patriots State PA	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Denise Boyd Montgomery Cou	nty Chair Precin	ct #67
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Wertz Montgomery Count	ty Chair Precinc	t #69
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Bob Withrow Montgomery Cou	nty Chair Precin	ct #72
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12 COMMITTEE NAME				<b>13</b> Filer ID (Ethics Commission Filers)
Texas Patriots State PA	NC			00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rik van den Berg Montgomery C	County Chair Precinct #73
(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	Rajene (Ginger) Russell Montgo	meny County Chair Precipet #74
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Rajene (Ginger) Russell Monigo	mery County Chair Precinct #14
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Josh Jaros Montgomery County	Chair Precinct #77
(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)
Texas Patriots State PA	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Susan Love N	Aontgomery County	y Chair Precinc	t #81
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Daniel Stage	Montgomery Count	ty Chair Precin	ct #83
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Leslie Isbell N	Iontgomery County	/ Chair Precinc	t #85
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	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)
Texas Patriots State P	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	David Johns M	lontgomery Count	y Chair Precine	ct #86
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Robert Walker	Montgomery Cou	inty Chair Prec	inct #87
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Melinda Olinde	Montgomery Co	unty Chair Pred	cinct #89
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	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)
Texas Patriots State PA	NC .			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Carrie Bigford Montgomery Cou	nty Chair Preci	nct #92
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mary Lewis Montgomery County	/ Chair Precinct	: #94
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sherry Tavel Montgomery Coun	ty Chair Precin	ct #95
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Patriots State PA	λC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kimberly Weber Montgomery C	ounty Chair Pre	ecinct #97
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Linda Hankins Montgomery Cou	unty Chair Prec	inct #99
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Doris Fike Montgomery County	Chair Precinct :	#102
(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)
Texas Patriots State PA	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Richard Hatfield	Montgomery Co	ounty Chair Pre	ecinct #104
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Bill Clevinger M	ontgomery Coun	ty Chair Precir	nct #105
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lonna Hord Mo	ntgomery County	/ Chair Precinc	t #106
(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)
Texas Patriots State PA	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Graham Chu	rch Montgomery C	ounty Chair Pre	ecinct #108
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Karen Zeller	Montgomery Coun	ty Chair Precin	ct #109
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Luis Pedraza	Montgomery Cou	nty Chair Precir	nct #110
(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.)	<u> </u>				

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12 COMMITTEE NAME	<b>13</b> Filer ID (Ethics Commission Filers)			
Texas Patriots State PA	AC			00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Patrick Teich Montgomery Coun	ty Chair Precinct #111
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Pete Goeddertz Montgomery Co	ounty Chair Precinct #113
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Petra Reyes Railroad Commissi	oner
(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				<b>13</b> Filer ID (Ethics Commission Filers)
Texas Patriots State PA	AC			00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jimmy Blacklock Supreme Cour	t Justice
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY		A. Supported	John Divine Supreme Court Just	tice
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	David Schenck Court of Crimina	I Appeals, Presiding Judge
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Patriots State PA	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Gina Parker Cou	rt Of Criminal A	ppeals, Judge	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lee Finley Court	Of Criminal Ap	peals, Judge	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Paul Bettencourt	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	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)
Texas Patriots State PA	NC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cecil Bell	State 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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Steve Toth	State Representative	9	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Will Metca	lf State Representativ	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	1				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Patriots State PA	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Janis Holt State 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Leanne Johnson Court Of Appea	als Justice	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Leanne Johnson Court of Appea	ais, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A Supported	Kenna Seiler Court Of Appeals,	lustico	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Kenna Seller Court of Appeals,	JUSICE	
(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)
Texas Patriots State PA	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Phil Grant District Judge		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
				.1	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jennifer James Robin District J	udge	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates		Tracy Gilbert District Judge		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tracy Glibert District Judge		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)	1			

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12 COMMITTEE NAME	13 Filer ID	(Ethics Commission Filers)		
Texas Patriots State PAC				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Patty Maginnis Distri	ct Judge	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Vince Santini District	Judge	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE	1. Candidates	A. Supported Brett Ligon District Ju	ıdae	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		auge	
(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)
Texas Patriots State PA	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	keith Stewart Montgomery Cour	ity Court At Lav	v #5
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		B.D. Griffin Montgomery County	Attorney	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rand Henderson Montgomery C	County Sheriff	
(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)
Texas Patriots State PA	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Tammy McRae	Montgomery Co	ounty Tax Asses	ssor-Collector
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Robert Walker	Montgomery Cou	unty Commissic	oner Precinct #1
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ritch Wheeler	Montgomery Cou	inty Commissio	ner Precinct #3
(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)
Texas Patriots State PA	AC				00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Philip Cash	Montgomery County	Constable Pre	ecinct #1
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Daniel Pena	Montgomery Count	y Constable Pr	ecinct #2
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ryan Gable	Montgomery County	y Constable Pro	ecinct #3
(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)	
Texas Patriots State PA	NC .			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kenneth Rowdy Hayden Mc	ntgomery County Co	onstable Precinct #4
(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		Chris Jones Montgomery Co	unty Constable Dra	cipct #F
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Chris Jones Montgomery Co	bunty Constable Pred	CINCL #5
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Gwen Withrow County Party	/ Chair	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Gwen withow County Party	Chair	
(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.)				
	The second secon	I			

### FORM GPAC

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12 COMMITTEE NAME				<b>13</b> Filer ID (Ethics Commission Filers)
Texas Patriots State PA	AC			00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 1 Election Date:202 property taxes w/o increasing ove	24-03-05 Desc:Texas should eliminate erall tax burden
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		24-03-05 Desc:Texas should create ate law enforcement & military to seal
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 3 Election Date:20 require use of E-Verify by all emp	24-03-05 Desc:Texas legislature should loyers in Texas
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)	l		

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

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12 COMMITTEE NAME				13 Filer ID (Ethics Commiss	sion Filers)
Texas Patriots State PA	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 4 Election Date:20 end all subsidies & public service		ature should
		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			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 5 Election Date:20 U.S.Congress not to grant amnes		the
		B. Opposed			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>				
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 (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 6 Election Date:20 prohibit deployment of Natl Guar		
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

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12 COMMITTEE NAME			<b>13</b> Filer ID (Ethics Commission Filers)
Texas Patriots State P	AC		00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 7 Election Date:2024-03-05 Desc:Texas legislature should establish authority in State Comptroller to access gold & silver for tender
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
001007755			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 8 Election Date:2024-03-05 Desc:Texas should ensure Texans are free to give or withhold consent for any vaccine w/o coercion
		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	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 9 Election Date:2024-03-05 Desc:Republican Party of Texas should restrict voting in primaries only to registered Republicans
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if		
	applicable, classify by party.)		
L			

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

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12 COMMITTEE NAME				<b>13</b> Filer ID (Ethics Commission Filers)
Texas Patriots State PA	AC			00066799
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		024-03-05 Desc:Tx Constitution should to Tx Attny GenI to prosecute election
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 11 Election Date:2 guardians should have right to se follow student	024-03-05 Desc:Tx parents & lect school, public/private & funding
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		024-03-05 Desc:Tx Constitution should tizenship before registering to vote
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
		1		

#### **GENERAL-PURPOSE COMMITTEE REPORT:** PURPOSE

#### FORM GPAC ADDENDUM

					Page 40 of 151
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Patriots State P	AC			00066799	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop 13 Election Date: texas land to entities from China	2024-03-05 Des I, Iran, North Ko	c:Tx should ban sale of rea & Russia
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

### FORM GPAC COVER SHEET PG 3

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17 COMMITT Texas Pa	EE NAME triots State PAC	18 Filer ID 00066799	(Ethics C	ommission Filers)			
19 SCHEDUL	E SUBTOTALS	L	Ι	TOTAL AMOUNT			
NAME OF	NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,997.34			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	15.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	IR	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR 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.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	14,904.32			
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	2,367.00			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,853.43			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

**SUBTOTALS - GPAC** 

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 42/151 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas Patriots State PAC** 00066799 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/14/2024 Ann Perry Campaign \$1.00 6 Contributor address; City; State; Zip Code THE WOODLANDS, TX 77381 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/16/2024 \$75.00 Bledsoe, William Contributor address; City; State; Zip Code The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/15/2024 Cook, Gena \$20.00 Contributor address; City; State; Zip Code Lenoir, NC 28645 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/06/2024 \$50.00 Lawrence, Steven Contributor address; City; State; Zip Code The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:\_ 02/14/2024 \$1,000.00 Ligon For DA Campaign Fund Contributor address; City; State; Zip Code Montgomery, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 43/151 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas Patriots State PAC** 00066799 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/14/2024 Ligon For DA Campaign Fund \$1,500.00 6 Contributor address; City; State; Zip Code Montgomery, TX 77316 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/15/2024 \$20.00 Metzer, Gary Contributor address; City; State; Zip Code The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Southwestern Energy Co. Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/01/2024 O'Sullivan, William \$100.00 Contributor address; City; State; Zip Code The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/14/2024 \$511.34 Perry, Ann Contributor address; City; State; Zip Code THE WOODLANDS, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/14/2024 Rand Henderson Sheriff Campaign Fund \$2,500.00 Contributor address; City; State; Zip Code Conroe, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 3/3 Rpt: 44/151	
2	FILER NAME	E			3	Filer ID (Ethics Commissio	on Filers)
	Texas Patrio	ts State PAC				00066799	
4	Date	5 Full name of contributor out-of-state PAC (ID#: )			7	Amount of Contribution (\$)	
	02/14/2024	Rieser, Bruce		· · · · · · · · · · · · · · · · · · ·			\$5,100.00
			e				
			0				
		The Woodlands, TX 77381					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Consultant			Self Employed			
	Date	Full name of contributor	ate PAC (ID#:	)		Amount of Contribution (\$)	
	02/17/2024	Seiler, Kenna		)			\$20.00
	02/11/2021						\$20.00
		Contributor address, City, State, Zip Cour	C				
		The Woodlands, TX 77382					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ة)		
	Attorney			Self Employed			
╞	Date	Full name of contributor Out-of-sta	ate PAC (ID# <sup>.</sup>	)	Γ	Amount of Contribution (\$)	
	02/14/2024	Seiler, Kenna		)			\$5,000.00
	0_/_ // _0_ /	Contributor address; City; State; Zip Code	<u>م</u>				+0,000.00
			C				
		The Woodlands, TX 77382					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Self Employed			
F	Date	Full name of contributor out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	02/13/2024	Sievert, Nancy					\$50.00
		Contributor address; City; State; Zip Code	е				
		The Woodlands, TX 77381					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive As	sistant		Woodlands Christian Ac	ad	emy	
	Date	Full name of contributor 🛛 out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	02/17/2024	 Sloan, Thomas					\$50.00
		Contributor address; City; State; Zip Code	e				
		The Woodlands, TX 77380					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Self Employed			
			•				
I							

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 45/151		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Texas Patri	ots State PAC			00066799		
<sup>4</sup> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$				
5	5 Date       6 Full name of contributor       out-of-state PAC (ID#:)         01/26/2024       Rieser, Bruce         7 Contributor address; City; State; Zip Code			8	Amount of contribution (\$) 9 In-kind contribution description \$15.00 Zoom meeting software used for candidate interviews		
		The Woodlands, TX 77381		Check if travel outside of Texas. Complete Schedule T.			
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
	Consultant		Self Employed				
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			•				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printin	Verhead/Rental Expense Tra Expense Tra Expense Tra s/Wages/Contract Labor OT	licitation/Fundraising Expense Insportation Equipment & Related Expense Ivel in District Ivel Out of District HER (enter a category not listed above)		
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)		
Sch: 1/69 Rpt: 46/151	Texas Patriots State PAC	00	066799		
4 Date	5 Payee name				
02/24/2024	Capital One				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
\$430.05	P.O. Box 60599				
Expenditure from corporate funds	City of Industry, CA 91716				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Credit Card Payment	Check if travel outside of Check if Austin, TX, offic	f Texas. Complete Schedule T. ceholder living expense		
			s (computer; Moonclerk; stamps;		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	bught	Office held		
Date	Payee name				
02/24/2024	Moonclerk				
Amount (\$)	Payee address; City; State; Zip	Code			
\$161.77	1040 W. Washington St.				
Expenditure from corporate funds	Greenville, SC 29601				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	Dught	Office held		
Date	Payee name				
02/15/2024	Wright's Printing LLP				
Amount (\$)	Payee address; City; State; Zip	Code			
\$11,653.97	2407 Timberloch Place				
	Suite A				
Expenditure from corporate funds	The Woodlands, TX 77380-1039				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Printing Expense		f Texas. Complete Schedule T.		
		Check if Austin, TX, offic	ceholder living expense stage Invoice #83466		
			Stage involue $\pi$ 00400		
Complete ONLY if direct	Candidate/Officeholder name Office s	_l ouaht	Office held		
expenditure to benefit C/O		d Commissioner	None		

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
Sch: 2/69 Rpt: 47/151	Texas Patriots State PAC	00066799					
4 Date	5 Payee name						
	(see previous)						
6 Amount (\$)							
corporate funds							
8 PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Toth, Steve State Representative Distric	Office held ct 15 State Representative District 15					
Date	Payee name						
	(see previous)						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
expenditure to benefit C/OI	<sup>1</sup> Blacklock, Jimmy Supreme Court Justice Plac	ce 2 Supreme Court Justice Place 2					
Date	Payee name (see previous)						
Amount (\$)	Payee address; City; State; Zip Code						
corporate funds							
PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
expenditure to benefit C/OI	<sup>1</sup> Divine, John Supreme Court Justice Place	ce 4 Supreme Court Justice Place 4					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services		se Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
<b>1</b> Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)		
Sch: 3/69 Rpt: 48/151	Texas Patriots State PAC		00066799		
4 Date	5 Payee name (see previous)				
<b>6</b> Amount (\$)	7 Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if t	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Bland, Jane	Office sought Supreme Court Justice	Office held Place 6 Supreme Court Justice Place 6		
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if t	1 avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held		
expenditure to benefit C/O	<sup>H</sup> Schenck, David	Court of Criminal Appe	als, None		
Date	Payee name (see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if the	n avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Parker, Gina	Office sought Court Of Criminal Appe	Office held eals, None		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	rials Expense	Office Ov Polling Ex Printing E Salaries/V			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID (Ethics Commission Filers)			
	Sch: 4/69 Rpt: 49/151		atriots State PA	C				00066799			
4	Date	<ul> <li>Payee na</li> <li>(see presidential)</li> </ul>									
6	Amount (\$)	Payee ad		State	; Zip Co	ode					
	Expenditure from corporate funds	i ajoo aa	arooo, ony,	Claid	, בוף ככ						
8	PURPOSE	a) Cotogony				(b) Departmention					
o	OF EXPENDITURE	F									
9	Complete ONLY if direct	Candidate/	Officeholder name	e (	Office sou	ight		Office held			
	expenditure to benefit C/OI	Finley, Le	e			Criminal Appeals	,	None			
	Date	Payee na	me								
	200	(see pre									
	Amount (\$)	Payee ad	-	State	; Zip Co	ode					
	Expenditure from corporate funds PURPOSE										
	OF	<b>a)</b> Category	(See Categories listed	at the top of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct		Officeholder name	e (	Office sou	ight		Office held			
	expenditure to benefit C/OF	Bettencou	ırt, Paul	9	State Se	nator District 7		State Senator District 7			
	Date	Payee na (see pre									
	Amount (\$) Expenditure from	Payee ad	dress; City;	State	; Zip Co	ode					
	corporate funds										
	PURPOSE OF EXPENDITURE	<b>a)</b> Category	(See Categories listed	at the top of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct	Candidate/	Officeholder name	. (	Office sou	ıght		Office held			
	expenditure to benefit C/OF	Bell, Ceci		9	State Se	nator District 3		State Representative District 3			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting 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: 5/69 Rpt: 50/151	Texas Patriots State PAC	00066799									
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    (b) Categories listed at the top of this schedule)          OF       Check if travel outside of Texas. Complete Schedule T.											
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held									
expenditure to benefit C/O	<sup>H</sup> Metcalf, Will State Representative Di	strict 16 State Representative District 16									
Date	Payee name										
	(see previous)										
Amount (\$)	Payee address; City; State; Zip Code										
Expenditure from corporate funds											
PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense									
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held									
expenditure to benefit C/O	<sup>H</sup> Holt, Janis State Representative Di	strict 18 None									
Date	Payee name (see previous)										
Amount (\$)	Payee address; City; State; Zip Code										
corporate funds											
PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense									
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held									
expenditure to benefit C/O	<sup>H</sup> Johnson, Leanne Court Of Appeals, Justic	ce Place Court Of Appeals, Justice Place									

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials E al Committee Legal Services	Fees         Office Overhead/Rental Expense         Transportation Equipment & Related E           Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel out of District								
<b>1</b> Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)							
Sch: 6/69 Rpt: 51/151	Texas Patriots State PAC		00066799							
4 Date	5 Payee name (see previous)									
6 Amount (\$)	7 Payee address; City;	State; Zip Code								
corporate funds										
8 PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.									
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Seiler, Kenna	Office sought Court Of Appeals, Justice	Office held e Place None							
Date	Payee name (see previous)									
Amount (\$) Expenditure from corporate funds PURPOSE	Payee address; City; (a) Category (See Categories listed at the	State; Zip Code								
OF EXPENDITURE		Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held							
expenditure to benefit C/O	<sup>H</sup> Grant, Phil	District Judge District 9th	District Judge District 9th							
Date	Payee name (see previous)									
Amount (\$)	Payee address; City;	State; Zip Code								
corporate funds										
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Robin, Jennifer	Office sought District Judge District 410	Office held Dth District Judge District 410th							

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense ense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)							
Sch: 7/69 Rpt: 52/151	Texas Patriots State PAC		00066799							
4 Date	5 Payee name (see previous)									
6 Amount (\$)	7 Payee address; City;	State; Zip Code								
Expenditure from corporate funds										
8 PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.									
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Gilbert, Tracy	Office sought District Judge District 418	Office held h District Judge District 418th							
Date	Payee name (see previous)									
Amount (\$)	Payee address; City;	State; Zip Code								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held							
expenditure to benefit C/O	<sup>H</sup> McGinnis, Patty	District Judge District 435t	h District Judge Place 435th							
Date	Payee name (see previous)									
Amount (\$)	Payee address; City;	State; Zip Code								
Expenditure from corporate funds										
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Santini, Vince	Office sought District Judge District 457t	Office held h District Judge District 457th							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee	Gift/Awaı Legal Se	verage Expense ds/Memorials Exp rvices		Office Ove Polling Ex Printing E Salaries/V	verhead xpense Expens Wages	e /Contract Labor		Transportation E Travel in District Travel Out of Dis		
	-				struction Guid	e explains l	now to co	omple	ete this form.			
1	Total pages Schedule F1:										Filer ID	(Ethics Commission Filers)
	Sch: 8/69 Rpt: 53/151		Texas Patri	ots Sta	te PAC						00066799	
4	Date		Payee name (see previo	us)								
6	Amount (\$)	7	Payee addre	SS;	City;	State;	Zip Co	ode				
	Expenditure from corporate funds											
8	PURPOSE OF	(a)	Category (S	ee Catego	ries listed at the t	op of this sche	edule)	(b)	Description			
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.										
9	Complete ONLY if direct	C	andidate/Offi	ceholde	er name	C	office sou	Jaht			Office he	eld
	expenditure to benefit C/OI	ΗL	ignon, Brett					-	ney District 9th	ı	District	Attorney District 9th
	Date		Payee name									
	Duic		(see previo									
				-	0.1		Zip Co					
	Amount (\$) Expenditure from corporate funds		Payee addre		City;		p 00					
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub>	ee Catego	ries listed at the t	op of this sche	edule)	(b)			de of Texas. Com officeholder living	plete Schedule T. g expense
	Complete ONLY if direct	C	andidate/Offi	ceholde	er name	C	office sou	ught			Office he	eld
	expenditure to benefit C/OI	<sup>H</sup> S	tewart, Keit	:h		Ν	lontgon	nery	County Court	at	Montgo	mery County Court at
	Date		Payee name (see previo									
	Amount (\$)		Payee addre	SS;	City;	State;	Zip Co	ode				
	Expenditure from											
	corporate funds											
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Si</sub>	ee Catego	ries listed at the t	op of this sche	edule)	(b)			de of Texas. Com officeholder livinç	plete Schedule T. J expense
	Complete ONLY if direct		andidate/Offi	iceholde	er name	C	ffice sou	ught			Office he	eld
	expenditure to benefit C/OI	H G	Friffin, B.D.			Ν	lontgon	nery	County, Cour	nty	Montgo	mery County, County

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	/ - Committee L	Event Expense Fees Food/Beverage Expense Bift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Lab	ense	Travel in District Travel Out of Dis	quipment & Related Expense		
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)		
Sch: 9/69 Rpt: 54/151		ts State PAC					00066799	()		
4 Date	5 Payee name (see previou	s)								
6 Amount (\$)	7 Payee addres	s; City;	State;	Zip Co	de					
Expenditure from corporate funds										
8 PURPOSE OF EXPENDITURE										
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic <sup>H</sup> Henderson, R			ffice soug	ght ery County S	Sheriff	Office he Montgo	eld mery County Sheriff		
Date	Payee name (see previou	s)								
Amount (\$)	Payee addres	s; City;	State;	Zip Coo	de					
PURPOSE OF EXPENDITURE	(a) Category (See	e Categories listed at the to	op of this sche	dule)		f travel outsi	ide of Texas. Com , officeholder living			
Complete ONLY if direct	Candidate/Offic	eholder name	0	ffice sou	ght		Office he	ld		
expenditure to benefit C/O	<sup>H</sup> McRae, Tamr	ny	М	lontgom	ery County 1	Гах				
Date	Payee name (see previou	s)								
Amount (\$)	Payee addres	s; City;	State;	Zip Co	de					
Expenditure from corporate funds										
PURPOSE OF EXPENDITURE	(a) Category (See	e Categories listed at the to	op of this sche	dule)		f travel outsi	ide of Texas. Com , officeholder living			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic <sup>H</sup> Walker, Robe			ffice souc lontgom	ght ery County		Office he Montgo	eld mery County		

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor cplains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)							
Sch: 10/69 Rpt:	Texas Patriots State PAC		00066799							
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	f this schedule) (b) Description								
OF EXPENDITURE			outside of Texas. Complete Schedule T. TX, officeholder living expense							
			TX, Uniceriolder living expense							
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held							
expenditure to benefit C/O		Montgomery County	None							
Date	Payee name									
200	(see previous)									
Amount (\$)	Payee address; City;	State; Zip Code								
	,	;p								
Expenditure from corporate funds										
PURPOSE OF	(a) Category (See Categories listed at the top of	·								
EXPENDITURE			outside of Texas. Complete Schedule T. TX, officeholder living expense							
			TX, Uniceriolder living expense							
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held							
expenditure to benefit C/O	<sup>H</sup> Cash, Philip	Montgomery County Const	able Montgomery County Constable							
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 o	f this schedule) (b) Description								
OF EXPENDITURE		Check if travel of	outside of Texas. Complete Schedule T.							
		Check if Austin,	TX, officeholder living expense							
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held							
expenditure to benefit C/O		Montgomery County Const								

EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)								
Sch: 11/69 Rpt:	Texas Patriots State PAC		00066799								
4 Date	5 Payee name										
	(see previous)										
6 Amount (\$)	7 Payee address; City; State; Zip Code										
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Office sought Montgomery County Constab	Office held De Montgomery County Constable								
Date	Payee name (see previous)										
Amount (\$)		; Zip Code									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sc	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought Montgomery County Constab	Office held ble Montgomery County Constable								
Date	Payee name (see previous)										
Amount (\$)	Payee address; City; State	; Zip Code									
Expenditure from corporate funds											
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sc	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought Montgomery County Constab	Office held De Montgomery County Constable								

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER NAME	1				3	Filer ID (Ethics Com	mission Filers)		
Sch: 12/69 Rpt:	Texas Patri	ots State PAC					00066799			
4 Date	5 Payee name (see previo	us)								
6 Amount (\$)	7 Payee addre	ss; City;	State;	Zip Co	de					
Expenditure from corporate funds										
8 PURPOSE	(a) Category (S	ee Categories listed at the	top of this sche	edule)	(b) Description					
OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.									
9 Complete ONLY if direct		ceholder name	0	ffice sou	ght		Office held			
expenditure to benefit C/O	<sup>H</sup> Withrow, Gw	en	С	County P	arty Chair		None			
Date	Payee name									
	(see previo	us)								
Amount (\$)	Payee addre	ss; City;	State;	Zip Co	de					
Expenditure from corporate funds										
PURPOSE OF EXPENDITURE	<b>(a)</b> Category <sub>(S</sub>	ee Categories listed at the	top of this sche	edule)			de of Texas. Complete Schedule T officeholder living expense			
Complete ONLY if direct		ceholder name	0	ffice sou	ght		Office held			
expenditure to benefit C/O	<sup>H</sup> Sager, Joe		Ν	lontgom	ery County Repu	blic	an None			
Date	Payee name (see previo	us)								
Amount (\$)	Payee addre	ss; City;	State;	Zip Co	de					
Expenditure from corporate funds										
PURPOSE OF EXPENDITURE	(a) Category <sub>(S</sub>	ee Categories listed at the	top of this sche	edule)			de of Texas. Complete Schedule T officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name		office sou	<sup>ght</sup> ery County Repu	blic	Office held			
		las	IV	lonigon	сту соцпцу кери	DIIC				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Gift/Awar Legal Ser	verage Expense ds/Memorials Exp		Office Ove Polling Ex Printing E Salaries/V	erhead opense xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Ethics Commission Filers)
	Sch: 13/69 Rpt:		Texas Patri	ots Sta	te PAC						00066799	
4	Date	5	Payee name (see previou	us)								
6	Amount (\$)	7	Payee addre	SS;	City;	State;	Zip Co	ode				
	Expenditure from corporate funds											
8	PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi Vesley, Pho		er name		office sou Iontgom	0	County Repu	blic	Office hel an None	d
	Date		Payee name (see previor	us)								
	Amount (\$) Expenditure from corporate funds		Payee addre	SS;	City;	State;	Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Si</sub>	ee Catego	ries listed at the to	p of this sche	edule)	(b)			de of Texas. Comp officeholder living (	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi Springer, lan		er name		Office sought Office held Montgomery County Republican None					d
				u		10	longon	icry				
	Date		Payee name (see previou	us)								
	Amount (\$) Expenditure from		Payee addre	SS;	City;	State;	Zip Co	ode				
	corporate funds											
	PURPOSE OF EXPENDITURE	(a)	Category (Se	ee Catego	ries listed at the to	p of this sche	edule)	(b)			de of Texas. Comp officeholder living (	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi McMinn, Dav		er name		office sou Iontgor		County Repu	blic	Office hel an None	d

EXPENDITURE CATEGORIES FOR BOX 8(a)													
Advertising Expe Accounting/Banl Consulting Expe Contributions/ D Candidate/Ot Credit Card Pay	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           y -         Gift/Awards/Memorials Expense         Printing Expense         T								Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense		
1 Total pages S	Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics C	ommission Filers)
Sch: 14/	69 Rpt:		Texas Patr	iots Sta	ate PAC						00066799		
4 Date		5	Payee name (see previo										
6 Amount (\$)													
Expenditure for corporate fund													
8 PURPOSI OF EXPENDITU	OF Check if travel outside of Texas. Complete Schedule T.												
9 Complete <u>ON</u> expenditure to			Candidate/Off Labelle, Ton		er name		Diffice sour	-	County Repu	blic	Office he an None	eld	
Date			Payee name (see previo										
Amount (\$)			Payee addre	ess;	City;	State;	; Zip Co	de					
PURPOSI OF EXPENDITU		(a)	Category <sub>(S</sub>	See Catego	ories listed at the	top of this sch	edule)	(b)			de of Texas. Com officeholder livinç		ıle T.
Complete <u>ON</u> expenditure to			Candidate/Off Becka, Jim	ficeholde	er name		Office sou	0	County Repu	blic	Office he an None	eld	
Date			Payee name (see previo										
Amount (\$)			Payee addre	ess;	City;	State;	Zip Co	de					
Expenditure for corporate fund													
PURPOSI OF EXPENDITU		(a)	Category <sub>(S</sub>	See Catego	ories listed at the	top of this sch	edule)	(b)			de of Texas. Com officeholder livinç		ıle T.
Complete <u>ON</u> expenditure to			Candidate/Off Fessenden,		er name		Office sou Montgom		County Repu	blic	Office he an Montgo		unty Republican

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment	al Committee Legal Services	e Expense Po emorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense aries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
<b>1</b> Total pages Schedule F1:	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)						
Sch: 15/69 Rpt:	Texas Patriots State I	PAC		00066799						
4 Date	5 Payee name (see previous)									
<b>6</b> Amount ( <b>b</b> )										
6 Amount (\$)	7 Payee address; City	r; State; Z	p Code							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder na <sup>H</sup> Reagen, Jason		e sought tgomery County Repu	Office held Iblican None						
Date	Payee name (see previous)									
Amount (\$) Expenditure from corporate funds PURPOSE	Payee address; City (a) Category (See Categories )	; State; Z								
OF EXPENDITURE		steu at the top of this schedule	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder na <sup>H</sup> Davis, Julie		e sought	Office held Iblican Montgomery County Republican						
				iblican Mongomery County Republican						
Date	Payee name (see previous)									
Amount (\$)	Payee address; City	; State; Z	p Code							
Expenditure from corporate funds										
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this schedule	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder na <sup>H</sup> Rendon Sherman, Teri		e sought tgomery County Repu	Office held Iblican None						

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fee Foo / - Gift/ al Committee Leg	nt Expense 3 J/Beverage Expense Awards/Memorials Expense al Services e Instruction Guide explain	Office Overhe Polling Expen Printing Expen Salaries/Wage	nse es/Contract Labor	Transportation Travel in Distric Travel Out of D	
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 16/69 Rpt:	Texas Patriots	State PAC			00066799	
4 Date	5 Payee name					
• • • • • • • • • • • • • • • • • • •	(see previous)					
6 Amount (\$)	7 Payee address;	City; Stat	e; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Ca	ategories listed at the top of this s	chedule) (b		outside of Texas. Cor n, TX, officeholder livir	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh <sup>H</sup> Shibley, Sunday		Office sough Montgomer	: y County Repu	Office h Iblican None	eld
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City; Stat	e; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Ca	tegories listed at the top of this s	<sub>chedule)</sub> (b		outside of Texas. Con n, TX, officeholder livir	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh <sup>H</sup> Bagley, Bob	older name	Office sough		Office h	eld omery County Republican
			Montgomer		iblican wonty	
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City; Stat	e; Zip Code			
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Ca	ttegories listed at the top of this s	chedule) (b		outside of Texas. Cor n, TX, officeholder livir	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh <sup>H</sup> Caddy, Phill	older name	Office sough Montgomer	: y County Repu	Office h Iblican None	eld

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor <b>tins how to complete this form.</b>	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	:	<b>3</b> Filer ID (Ethics Commission Filers)			
Sch: 17/69 Rpt:	Texas Patriots State PAC		00066799			
4 Date	5 Payee name					
	(see previous)					
6 Amount (\$)	7 Payee address; City; St	tate; Zip Code				
Expenditure from corporate funds						
8 PURPOSE	(a) Category (See Categories listed at the top of this					
OF EXPENDITURE			ıtside of Texas. Complete Schedule T. TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O	<sup>H</sup> Smith, Caleb	Montgomery County Repub	lican Montgomery County Republican			
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; St	tate; Zip Code				
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel ou	utside of Texas. Complete Schedule T. FX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O	<sup>H</sup> Kent, Steve	Montgomery County Repub	lican None			
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; St	tate; Zip Code				
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel ou	utside of Texas. Complete Schedule T. FX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Brock, John	Office sought Montgomery County Repub	Office held lican None			
		· · · · · ·				

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 18/69 Rpt:	Texas Patri	ots State PAC					00066799	
4 Date	5 Payee name (see previou	ls)						
6 Amount (\$)	7 Payee addres	ss; City;	State;	Zip Co	de			
Expenditure from corporate funds								
8 PURPOSE	(a) Category (Se	e Categories listed at the t	top of this sche	edule)	(b) Description			
OF EXPENDITURE							de of Texas. Comp officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offi <sup>H</sup> Furber, Mark			ffice sou Iontgom	<sup>jht</sup> ery County Repu	ıblic	Office he an None	ld
Date	Payee name							
	(see previou	us)						
Amount (\$)	Payee addres	ss; City;	State;	Zip Co	de			
PURPOSE OF EXPENDITURE	(a) Category <sub>(Se</sub>	ee Categories listed at the t	top of this sche	edule)			de of Texas. Comp officeholder living	
Complete ONLY if direct	Candidate/Offi	ceholder name	0	ffice sou	jht		Office he	ld
expenditure to benefit C/O	H Anderson, Be	etty	Μ	lontgom	ery County Repu	ıblic	an Montgor	mery County Republican
Date	Payee name (see previou	ls)						
Amount (\$)	Payee addres	ss; City;	State;	Zip Co	de			
Expenditure from corporate funds								
PURPOSE OF EXPENDITURE	(a) Category <sub>(Se</sub>	ee Categories listed at the t	top of this sche	edule)			de of Texas. Comp officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offind H Cox, Glenn	ceholder name		ffice soug	<sup>jht</sup> ery County Repu	ıblic	Office he an None	ld

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donati Candidate/Officeh Credit Card Payment	older/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Transp Travel Travel	ortation Ec in District Out of Dist	aising Expense juipment & Related Expense rict rategory not listed above)
1 Total pages Sche	dule F1: 2 FILER NA	ИЕ			3 Filer	ID	(Ethics Commission Filers)
Sch: 19/69 I	Rpt: Texas Pa	triots State PAC			0006	6799	
4 Date	5 Payee nam						
	(see prev	ious)					
6 Amount (\$)	7 Payee add	ress; City; S	State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> in expenditure to be		Officeholder name neth	Office sough Montgomer			Office he	d nery County Republican
Date	Payee nan (see prev						
Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE		ress; City; S	State; Zip Code	) Description			lete Schedule T.
				Check if Austin		_	
Complete <u>ONLY</u> i expenditure to be		Officeholder name mmy	Office sough Montgomer			Office he Nontgor	d nery County Republican
Date	Payee nan (see prev						
Amount (\$)	Payee add	ress; City; S	State; Zip Code				
corporate funds			0.				
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of to	his schedule) (D	Description			lete Schedule T. expense
Complete <u>ONLY</u> i expenditure to be		Officeholder name Paul	Office sough Montgomer			Office he	d nery County Republican

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)			
Sch: 20/69 Rpt:	Texas Patriots State PAC		00066799			
4 Date	5 Payee name					
	(see previous)					
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code				
Expenditure from corporate funds						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	· · ·				
EXPENDITURE			utside of Texas. Complete Schedule T. TX, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O	<sup>H</sup> Plaisance, Kristen	Montgomery County Reput	olican Montgomery County Republican			
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O	<sup>H</sup> Vickers, Brad	Montgomery County Reput	blican Montgomery County Republican			
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
PURPOSE		(b) Description				
OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held			
	<sup>H</sup> Mitchell, Jay	Montgomery County Reput	olican None			

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Aware Legal Ser	erage Expense ds/Memorials Exp		Office Ove Polling Ex Printing E Salaries/V	erhead pense kpense /ages/	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commission Filers	5)
	Sch: 21/69 Rpt:		Texas Patr		te PAC						00066799		
4	Date	5	Payee name (see previo										
6	Amount (\$)	7	Payee addre	ess;	City;	State;	Zip Co	de					
	Expenditure from corporate funds												
8	PURPOSE OF EXPENDITURE	(a)	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense     </li> </ul>										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of		r name		Office sou Aontgom	-	County Repu	blic	Office he an None	eld	
	Date		Payee name (see previo										
	Amount (\$) Expenditure from corporate funds		Payee addre	:55,	City;	Sidle,	; Zip Cc						
	PURPOSE OF EXPENDITURE	(a)	Category (s	See Categoi	ries listed at the to	op of this sch	edule)	(b)			de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of Philibert, Bil		r name		Office sou Aontaon	0	County Repu	blic	Office he an Montgo	eld mery County Republi	can
	Date	_	Payee name (see previo	;									
	Amount (\$)		Payee addre	ess;	City;	State;	; Zip Co	de					
	Expenditure from corporate funds												
	PURPOSE OF EXPENDITURE	(a)	Category (s	See Catego	ries listed at the to	op of this sch	edule)	(b)			de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of schulter, Joł		r name		Office sou Aontgom		County Repu	blic	Office he an Montgo	eld mery County Republi	can

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expen	Ise Travel Out of District Is/Contract Labor OTHER (enter a category not listed above)				
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 22/69 Rpt:	Texas Patriots State PAC	00066799				
4 Date	5 Payee name					
	(see previous)					
6 Amount (\$) Expenditure from corporate funds	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense     </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought <sup>H</sup> Stees, Peter Montgomer	Office held y County Republican None				
Date	Payee name (see previous)					
Amount (\$) Expenditure from corporate funds PURPOSE	Payee address;       City;       State;       Zip Code         (a) Category (See Categories listed at the top of this schedule)       (b)	Description				
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Lawrence, Steven Montgomer	Office held y County Republican Montgomery County Republican				
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Lightfoot, Christina Montgomer	Office held y County Republican Montgomery County Republican				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food - Gift/A I Committee Lega	t Expense /Beverage Expense wards/Memorials Expense I Services Instruction Guide explains	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Transportati Travel in Dis Travel Out o	
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 23/69 Rpt:	Texas Patriots	State PAC			0006679	99
4 Date	5 Payee name (see previous)					
6 Amount (\$)	7 Payee address;	City; Stat	e; Zip Code			
Expenditure from corporate funds						
8 PURPOSE OF EXPENDITURE	(a) Category <sub>(See Ca</sub>	tegories listed at the top of this so	chedule) (b)		outside of Texas. ( I, TX, officeholder I	Complete Schedule T. iving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeho <sup>H</sup> Walker, Sandra	older name	Office sought Montgomery	/ County Repu		e held e
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City; Stat	e; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category <sub>(See Ca</sub>	tegories listed at the top of this so	chedule) (b)		outside of Texas. ( I, TX, officeholder I	Complete Schedule T. iving expense
Complete <u>ONLY</u> if direct	Candidate/Officeho		Office sought			e held
expenditure to benefit C/O	<sup>–</sup> Pearson, Jerral (	Wayne)	Montgomery	/ County Repu	blican Mon	tgomery County Republican
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City; State	e; Zip Code			
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category <sub>(See Ca</sub>	tegories listed at the top of this so	chedule) (b)		outside of Texas. ( I, TX, officeholder I	Complete Schedule T. iving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeho <sup>H</sup> Blair, Sharon	older name	Office sought Montgomery	/ County Repu		e held e

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME     3 Filer ID (Ethics Commission Filers)					
Sch: 24/69 Rpt:	Texas Patriots State PAC00066799					
4 Date	5 Payee name (see previous)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
corporate funds						
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense     </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldHGrega, TomMontgomery County RepublicanNone					
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense     </li> </ul>					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	<sup>H</sup> Allison, Sarah Montgomery County Republican None					
Date	Payee name (see previous)					
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldHBurks, MaryMontgomery County RepublicanNone					

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
<b>1</b> Total pages Schedule F1:	2 FILER NAME	-		<b>3</b> Filer ID (Ethics Commission Filers)			
Sch: 25/69 Rpt:	Texas Patriots State PAC	;		00066799			
4 Date	5 Payee name (see previous)						
6 Amount (\$)	7 Payee address; City;	State; Zip Cod	e				
Expenditure from corporate funds							
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul> </li> </ul>						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Rickard, Elizabeth	Office soug Montgome	<sup>ht</sup> ry County Repu	Office held blican None			
Date	Payee name (see previous)						
Amount (\$)	Payee address; City;	State; Zip Cod	e				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a	at the top of this schedule)		outside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Dinaso, Jim	Office soug Montgome	<sup>ht</sup> ry County Repu	Office held blican None			
Date	Payee name (see previous)						
Amount (\$)	Payee address; City;	State; Zip Cod	e				
corporate funds		l -					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a	at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>1</sup> William, Herschel	Office soug Montgome		Office held blican Montgomery County Republican			

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
Sch: 26/69 Rpt:	Texas Patriots State PAC	00066799				
4 Date	5 Payee name (see previous)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought <sup>H</sup> marshall, Jeff Montgomery County Repu	Office held ublican None				
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
expenditure to benefit C/O	<sup>0H</sup> Yockey, Wendy Montgomery County Rep	ublican None				
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought <sup>PH</sup> Boyd, Denise Montgomery County Repu	Office held ublican None				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F1:	2 FILER NAME	;	<b>3</b> Filer ID (Ethics Commission Filers)			
Sch: 27/69 Rpt:	Texas Patriots State PAC		00066799			
4 Date	5 Payee name	•				
	(see previous)					
6 Amount (\$)	7 Payee address; City; Stat	ie; Zip Code				
Expenditure from corporate funds						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s	· _	which of Taura Departure Ochodula T			
EXPENDITURE			utside of Texas. Complete Schedule T. TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O	<sup>H</sup> Wertz, John	Montgomery County Repub	blican Montgomery County Republican			
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; Stat	te; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O	<sup>H</sup> Withrow, Bob	Montgomery County Repub	olican None			
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; Stat	te; Zip Code				
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> van den Berg, Rik	Office sought Montgomery County Repub	Office held Dlican None			

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
<b>1</b> Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
Sch: 28/69 Rpt:		riots State PAC					00066799	
4 Date	5 Payee name (see previo							
6 Amount (\$)	7 Payee addr	-	Stato <sup>.</sup>	Zip Cod	2			
Expenditure from corporate funds	7 Payee audi	ess, City,	State,	Ζιμ Ου	÷			
8 PURPOSE OF EXPENDITURE	(a) Category (	See Categories listed at the	top of this sche	edule) (			le of Texas. Comp officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name jene		ffice soug Iontgome	nt ry County Repu	blica	Office he an None	ld
Date	Payee nam (see previo							
Amount (\$) Expenditure from corporate funds PURPOSE	Payee addr			Zip Cod	e Description			
OF EXPENDITURE	(-) calegory (	See Categories listed at the	top of this sche		Check if travel		le of Texas. Comp officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name		ffice sougl Iontaome	nt ry County Repu	Iblica	Office he an None	ld
Data	i			<u>J</u>	· · · · · · · ·			
Date	Payee nam (see previo							
Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	9			
corporate funds								
PURPOSE OF EXPENDITURE	(a) Category (	See Categories listed at the	top of this sche	edule) (			le of Texas. Comp officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name 1		ffice sougl Iontgome		Iblica	Office he an Montgor	ld mery County Republican

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/ Donations Made By -     Gift/Awards/Memorials Expense     Printing Expense       Candidate/Officeholder/Political Committee     Legal Services     Salaries/Wages/Contract Labor       Credit Card Payment     The Instruction Guide explains how to complete this form.					aising Expense uipment & Related Expense rict ategory not listed above)
1 Total pages Schedule F1:	2 FILER NAME			:	3 Filer ID	(Ethics Commission Filers)
Sch: 29/69 Rpt:	Texas Patriots S	State PAC			00066799	
4 Date	5 Payee name (see previous)					
6 Amount (\$)	7 Payee address;	City; State	e; Zip Code			
Expenditure from corporate funds						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeho <sup>H</sup> Stage, Daniel		Office sought Montgomery Co	ounty Repub	Office hel lican None	d
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City; State	e; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category <sub>(See Cat</sub>	egories listed at the top of this so	hedule) (b) De		utside of Texas. Comp TX, officeholder living (	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeho		Office sought		Office hel	d
			Montgomery Co	бинку керир	nican none	
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City; State	e; Zip Code			
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Cat	egories listed at the top of this sc	hedule) (b) De	1	utside of Texas. Comp TX, officeholder living (	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeho <sup>H</sup> Johns, David		Office sought Montgomery Co	ounty Repub	Office hel lican None	d

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhee Food/Beverage Expense Polling Expense /- Gift/Awards/Memorials Expense Printing Expen	se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 30/69 Rpt:	Texas Patriots State PAC	00066799				
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.				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
expenditure to benefit C/O	<sup>H</sup> Walker, Robert Montgomery	County Republican Montgomery County Republican				
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description 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	<sup>H</sup> Olinde, Melinda Montgomery	County Republican Montgomery County Republican				
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City; State; Zip Code					
corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought					
expenditure to benefit C/O	H Bigford, Carrie Montgomery	/ County Republican None				

	EXPENDITURE CATEGORIES F	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement overhead/Rental Expense Expense Expense /Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)			
Sch: 31/69 Rpt:	Texas Patriots State PAC		00066799			
4 Date	5 Payee name (see previous)					
<b>6</b> Amount (\$)		Sodo				
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip (	Jule				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soLewis, maryMontgo	•	Office held lican Montgomery County Republican			
Date	Payee name (see previous)					
Amount (\$) Expenditure from corporate funds PURPOSE	Payee address; City; State; Zip ( (a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	(4) Category (See Categories listed at the top of this schedule)	Check if travel ou	tside of Texas. Complete Schedule T. 'X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Tavel, Sherry Montgo	0	Office held lican Montgomery County Republican			
Date	Payee name (see previous)					
Amount (\$)	Payee address; City; State; Zip C	Code				
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. 'X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Weber, Kimberly Montgo	0	Office held lican Montgomery County Republican			

		EXPENDITURE C	ATEGORIE	S FOR B	OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fe Fe g - G al Committee Le	vent Expense bes pod/Beverage Expense ft/Awards/Memorials Expe gal Services <b>he Instruction Guide</b> (	Of Po nse Pr Sa	fice Overhe olling Expen inting Expen laries/Wage	nse es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 32/69 Rpt:	Texas Patriot	s State PAC					00066799	
4 Date	5 Payee name (see previous	)						
6 Amount (\$)	7 Payee address	; City;	State; Z	ip Code				
Expenditure from corporate funds	,							
8 PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top	of this schedul	<sub>e)</sub> (b			le of Texas. Com officeholder living	plete Schedule T. expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H hankins, Linda			e sough ntgomer		blica	Office he an Montgo	eld mery County Republican
Date	Payee name							
	(see previous	)						
Amount (\$)	Payee address	; City;	State; Z	ip Code				
Expenditure from corporate funds								
PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top	of this schedul	<sub>e)</sub> (b			le of Texas. Com officeholder living	plete Schedule T. expense
Complete ONLY if direct	Candidate/Office	holder name	Offic	e sough	I		Office he	eld
expenditure to benefit C/O	<sup>H</sup> Fike, Doris		Mor	ntgomer	y County Repu	blica	an Montgo	mery County Republican
Date	Payee name (see previous	)						
Amount (\$)	Payee address	; City;	State; Z	ip Code				
Expenditure from corporate funds								
PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top	of this schedul	<sub>e)</sub> (b			le of Texas. Com officeholder living	plete Schedule T. expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office <sup>H</sup> hatfield, Richa			e sough ntgomer	: y County Repu	blica	Office he an None	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	I Committee Legal Service	ge Expense Office Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense es/Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 33/69 Rpt:	Texas Patriots State	PAC		00066799			
4 Date	5 Payee name (see previous)						
6 Amount (\$)	7 Payee address; Cit	y; State; Zip	Code				
corporate funds							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder r <sup>1</sup> Clevinger, Bill		sought omery County Repu	Office held blican None			
Date	Payee name (see previous)						
Amount (\$)	Payee address; Cit	y; State; Zip	Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder r		0	Office held			
		wong		blican Montgomery County Republican			
Date	Payee name (see previous)						
Amount (\$)	Payee address; Cit	y; State; Zip	Code				
corporate funds							
PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder r <sup>1</sup> Church, Graham		ought omery County Repu	Office held blican None			

		EXPENDITURE CATEO	GORIES FOR I	3OX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fee Foo y - Gift al Committee Leg	ent Expense es bd/Beverage Expense //wards/Memorials Expense jal Services e Instruction Guide expla	Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor	Transpor Travel in Travel O	on/Fundraising Expense tation Equipment & Related Expense District uf of District (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 34/69 Rpt:	Texas Patriots	State PAC			00066	799
4 Date	5 Payee name (see previous)					
<b>6</b> Amount (\$)	,		ata: Zin Cad			
6 Amount (\$)	7 Payee address;	City; St	ate; Zip Code	2		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh <sup>H</sup> Zeller, Karen	iolder name	Office sough Montgome	<sup>nt</sup> ry County Repu		fice held one
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See C	ategories listed at the top of this	s schedule)			as. Complete Schedule T. ler living expense
Complete <u>ONLY</u> if direct	Candidate/Office	older name	Office sough			fice held
expenditure to benefit C/O	<sup>H</sup> Pedraza, Luis		Montgome	ry County Repu	blican Mo	ontgomery County Republican
Date	Payee name (see previous)					
Amount (\$)	Payee address;	City; St	ate; Zip Code	9		
PURPOSE OF EXPENDITURE	(a) Category <sub>(See C</sub>	ategories listed at the top of this	s schedule) (I			as. Complete Schedule T. ler living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh <sup>H</sup> Telch, Patrick	iolder name	Office sough Montgome			fice held ontgomery County Republican

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	king nse onations Made By ficeholder/Politica	Fees Office Overhe Food/Beverage Expense Polling Expens By - Gift/Awards/Memorials Expense Printing Exper				erhead kpense xpense Wages	e /Contract Labor		Travel in Distric Travel Out of D	Equipn ct District	ng Expense ment & Related Expense gory not listed above)	
1 Total pages S	chedule F1:	<b>2</b> F	ILER NAME						3	Filer ID	(Et	thics Commission Filers)
Sch: 35/6	69 Rpt:	Т	exas Patric	ots State P	AC					00066799		
4 Date		<b>5</b> P	Payee name									
		(5	(see previous)									
6 Amount (\$)		<b>7</b> P	Payee addres	s; City;	State	e; Zip Co	ode					
8 PURPOSE OF EXPENDITU		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul> </li> </ul>										
9 Complete <u>ON</u> expenditure to			andidate/Offic Deddertz, P			Office sou Montgon	0	County Repu	blic	Office h an Montgo		ry County Republica
Date 02/21/2024			Payee name Vright's Prir	nting LLP								
	\$2,658.53	2	Payee addres 2407 Timbe Suite A			e; Zip Co	ode					
Expenditure fr corporate fund		т	he Woodla	nds, TX 77	'380-1039							
PURPOSE OF EXPENDITU			Category <sub>(Se</sub> Printing Exp		ted at the top of this sc	chedule)			, TX, and	de of Texas. Cor officeholder livir postage		
Complete ON			andidate/Offic		ne	Office sou	ight			Office h	neld	
expenditure to	benetit C/Or	H Cra	addick, Ch	risti		Railroad	Con	nmissioner		Railroa	ad Co	ommissioner
Date			Payee name see previou	is)								
Amount (\$)		Р	Payee addres	ss; City;	State	e; Zip Co	ode					
PURPOSE OF EXPENDITU		<b>(a)</b> C	Category <sub>(Se</sub>	e Categories lis	ted at the top of this sc	chedule)	(b)			de of Texas. Cor officeholder livir		
Complete ON			andidate/Offic			Office sou	•			Office h		
expenditure to		" Bla	acklock, Jir	nmy		Supreme	e Co	urt Justice Pla	ace	2 Suprer	me C	Court Justice Place 2

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fe / - G al Committee Le	vent Expense ses pod/Beverage Expense tt/Awards/Memorials Expense sgal Services <b>he Instruction Guide expl</b>	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)	
Sch: 36/69 Rpt:	Texas Patriot	s State PAC			00066799		
4 Date	5 Payee name						
	(see previous	)					
6 Amount (\$)	7 Payee address	; City; S	state; Zip Cc	ode			
corporate funds							
8 PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top of th	is schedule)		outside of Texas. Com , TX, officeholder living		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office <sup>H</sup> Divine, John	holder name	Office sou Supreme	ight Court Justice Pla	Office he ace 4 Suprem	eld le Court Justice Place 4	
Date	Payee name						
	(see previous	-					
Amount (\$)	Payee address	; City; S	state; Zip Co				
PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top of th	is schedule)		outside of Texas. Com , TX, officeholder living		
Complete ONLY if direct	Candidate/Office	holder name	Office sou	ight	Office he	eld	
expenditure to benefit C/O	<sup>H</sup> Bland, Jane		Supreme	Court Justice Pla	ace 6 Suprem	e Court Justice Place 6	
Date	Payee name (see previous	)					
Amount (\$)	Payee address	; City; S	itate; Zip Co	ode			
Expenditure from corporate funds							
PURPOSE OF EXPENDITURE	(a) Category <sub>(See</sub>	Categories listed at the top of th	is schedule)		outside of Texas. Com , TX, officeholder living		
Complete ONLY if direct	Candidate/Office	holder name	Office sou	ght	Office he	eld	
expenditure to benefit C/O	<sup>H</sup> Schenck, Davi	d	Court of	Criminal Appeals,	None		

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)			
Sch: 37/69 Rpt:	Texas Patriots State PAC		00066799			
4 Date	5 Payee name					
	(see previous)					
6 Amount (\$)	Expenditure from					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Parker, Gina	Office sought Court Of Criminal Appeals	Office held S, None			
Date	Payee name (see previous)					
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Finley, Lee	Office sought Court Of Criminal Appeals	Office held S, None			
Date	Payee name (see previous)					
Amount (\$)	Payee address; City;	State; Zip Code				
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O	H Bettencourt, Paul	State Senator District 7	State Senator District 7			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Committee       Legal Services         Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3	B Filer ID (Ethics Commission Filers)				
	Sch: 38/69 Rpt:	Texas Patriots State PAC	00066799				
4	Date	Payee name					
		(see previous)					
6	Amount (\$)	Payee address; City; State; Zip Code					
	Expenditure from corporate funds						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtBell, CecilState Representative District	Office held t 3 State Representative District 3				
	Date	Payee name (see previous)					
_	Amount (\$)	Payee address; City; State; Zip Code					
	Expenditure from corporate funds						
	PURPOSE OF EXPENDITURE		ttside of Texas. Complete Schedule T. "X, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF	Toth, Steve State Representative District	t 15 State Representative District 15				
	Date	Payee name (see previous)					
	Amount (\$)	Payee address; City; State; Zip Code					
╟└	corporate funds						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtMetcalf, WillState Representative District	Office held et 16 State Representative District 16				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor <b>ins how to complete this form.</b>	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)				
Sch: 39/69 Rpt:	Texas Patriots State PAC		00066799				
4 Date	5 Payee name (see previous)						
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code					
Expenditure from corporate funds							
8 PURPOSE OF	(a) Category (See Categories listed at the top of this						
EXPENDITURE			utside of Texas. Complete Schedule T. TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held				
	H Holt, Janis	State Representative Distri	ct 18 None				
Date	Payee name						
	(see previous)						
Amount (\$)	Payee address; City; St	ate; Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held				
expenditure to benefit C/O	<sup>H</sup> Johnson, Leanne	Court Of Appeals, Justice F	Place Court Of Appeals, Justice Place				
Date	Payee name (see previous)						
Amount (\$)	Payee address; City; St.	ate; Zip Code					
Expenditure from corporate funds							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel o	uutside of Texas. Complete Schedule T. TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Seiler, Kenna	Office sought Court Of Appeals, Justice F	Office held Place None				

	EXPEN	DITURE CATEGORIE	ES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Service	je Expense P Iemorials Expense P	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
<b>1</b> Total pages Schedule F1:	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)							
Sch: 40/69 Rpt:		Texas Patriots State PAC00066799									
4 Date	5 Payee name	Payee name (see previous)									
• • • • • • • •											
6 Amount (\$)	7 Payee address; City	y; State; Z	Zip Code								
	(-) -										
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
9 Complete ONLY if direct	Candidate/Officeholder na	ame Offi	ce sought	Office held							
expenditure to benefit C/O	<sup>H</sup> Grant, phil	Dis	trict Judge District 9th	District Judge District 9th							
Date	Payee name										
	(see previous)										
Amount (\$)	Payee address; City	v: State: 2	Zip Code								
Expenditure from corporate funds PURPOSE	(a) Category (See Categories	listed at the top of this schedu	le) <b>(b)</b> Description								
OF EXPENDITURE			Check if travel	outside of Texas. Complete Schedule T. h, TX, officeholder living expense							
Complete <u>ONLY</u> if direct	Candidate/Officeholder n		ce sought	Office held							
expenditure to benefit C/O	<sup>H</sup> James Robin, Jennifer	Dis	trict Judge District 410	District Judge District 410							
Date	Payee name (see previous)										
Amount (\$)	Payee address; City	y; State; Z	Zip Code								
Expenditure from corporate funds											
PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this schedu	Check if travel	outside of Texas. Complete Schedule T. I, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder n		ce sought	Office held							
expenditure to benefit C/O	<sup>H</sup> Gilbert, Tracy	Dis	trict Judge District 418	District Judge District 418							

	EXPENDITURE (	CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)								
Sch: 41/69 Rpt:	Texas Patriots State PAC	Texas Patriots State PAC 00066799									
4 Date	5 Payee name	Payee name									
	(see previous)	(see previous)									
6 Amount (\$)	7 Payee address; City;	Payee address; City; State; Zip Code									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> McGinnis, Patty	Office sought District Judge District 435	Office held District Judge District 435								
Date	Payee name (see previous)										
Expenditure from corporate funds											
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held								
	Gantini, Vince	District Judge District 457	District Judge District 457								
Date	Payee name (see previous)										
Amount (\$)	Payee address; City;	State; Zip Code									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Ligon, Brett	Office sought District Attorney District 9t	Office held h District Attorney District 9th								

		EXPENDITURE CATEGORIE	ES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense salaries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commissi									
	Sch: 42/69 Rpt:	Texas Patriots State PAC 00066799									
4	Date	Payee name									
		(see previous)									
6	Amount (\$) Expenditure from corporate funds	' Payee address; City; State; Zip Code									
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense     </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ice sought ontgomery County Court at	Office held t Montgomery County Court at							
	Date	vayee name see previous)									
	Amount (\$)       Payee address;       City;       State;       Zip Code         Expenditure from corporate funds       (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         OF       EXPENDITURE       Check if travel outside of Texas. Complete Schedule T.										
				K, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ice sought ontgomery County Attorney	Office held Montgomery County Attorney							
	Date	Payee name see previous)									
	Amount (\$)	Payee address; City; State; 2	Zip Code								
	corporate funds										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ice sought ontgomery County Sheriff	Office held Montgomery County Sheriff							

				EXF	PENDITURE C	ATEGOF	RIES FOR	R BC	)X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awaı Legal Se	verage Expense rds/Memorials Expe		Office Ove Polling Ex Printing E Salaries/V	erhead pense kpense /ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics C												
	Sch: 43/69 Rpt:		Texas Patriots State PAC 00066799												
4	Date	5	Payee name												
			(see previous)												
6	Amount (\$)	7	Payee address; City; State; Zip Code												
	Expenditure from corporate funds														
8	PURPOSE OF	(a)	Category (S	ee Catego	ries listed at the top	o of this sche	edule)	(b)	Description						
	EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense												
9			Candidate/Off	iceholde	er name	C	Office sou	ght			Office he	eld			
	expenditure to benefit C/OF	ΗN	/IcRae, Tam	nmy		Ν	/lontgor	nery	County Tax		Montgo	mery County Tax			
	Date		Payee name (see previo												
	Amount (\$) Payee address; City; State; Zip Code														
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub>	ee Catego	ries listed at the top	o of this sche	edule)	(b)			de of Texas. Com officeholder living	plete Schedule T. g expense			
	Complete <u>ONLY</u> if direct		Candidate/Off	iceholde	er name	C	Office sou	ght			Office held				
	expenditure to benefit C/OI	ΗV	Valker, Rob	ert		Ν	/lontgom	iery	County		Montgo	mery County			
	Date		Payee name (see previo												
	Amount (\$) Expenditure from corporate funds		Payee addre	ess;	City;	State;	Zip Cc	de							
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub>	ee Catego	ries listed at the top	o of this sche	edule)	(b)			de of Texas. Com officeholder living	plete Schedule T. g expense			
	Complete <u>ONLY</u> if direct		Candidate/Off	iceholde	er name	C	Office sou	ght			Office he	eld			
	expenditure to benefit C/OF	ΗV	Vheeler, Rit	ch		Ν	/lontgom	nery	County		None				

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1 Total pages Schedule F1:	2 FILER NAME	FILER NAME 3 Filer ID (Ethics Commission								
Sch: 44/69 Rpt:	Texas Patriots State PAC   00066799									
4 Date	Payee name									
	(see previous)									
6 Amount (\$)	7 Payee address; City; State; Zip Code									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought Montgomery County Constal	Office held ble Montgomery County Constable							
Date	Payee name (see previous)									
Amount (\$)  Expenditure from corporate funds  PURPOSE OF	Payee address; City; State (a) Category (See Categories listed at the top of this so	· · · · · · · · · · · · · · · · · · ·	tside of Texas. Complete Schedule T.							
EXPENDITURE			X, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought Montgomery County Constal	Office held ble Montgomery County Constable							
Date	Payee name (see previous)									
Amount (\$)	Payee address; City; State	e; Zip Code								
Expenditure from corporate funds										
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought Montgomery County Constal	Office held ble Montgomery County Constable							

				EXP	ENDITURE (	CATEGOR	RIES FOR	R BC	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awar Legal Ser	verage Expense ds/Memorials Exp		Office Ove Polling Ex Printing Ex Salaries/M	erhead pense kpens /ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission											
	Sch: 45/69 Rpt:		Texas Patriots State PAC 00066799											
4	Date	5	Payee name											
			(see previous)											
6	Amount (\$) Expenditure from corporate funds	7	Payee address; City; State; Zip Code											
8	PURPOSE	(a)	Category (s	Soo Catogo	rios listod at the tr	on of this sch	odulo)	(b)	Description					
	OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Hayden, Kei				Office sou Nontgorr	•	County Cons	tabl	Office he	ld mery County Constable		
	Date		Payee name	;										
			(see previo	ous)										
	Amount (\$) Expenditure from corporate funds		Payee addre	255,	City;	State,	Zip Co	ue						
	PURPOSE OF EXPENDITURE	(a)	Category (s	See Catego	ries listed at the to	op of this sch	edule)	(b)			de of Texas. Comp officeholder living			
	Complete ONLY if direct		Candidate/Off		er name		Office sou	•			Office he	ld		
	expenditure to benefit C/OF	۲ J	lones, Chris	5		Ν	/lontgom	iery	County Cons	tabl	le Montgor	mery County Constable		
	Date		Payee name (see previo											
	Amount (\$) Expenditure from		Payee addre	ess;	City;	State;	Zip Co	de						
	corporate funds													
	PURPOSE OF EXPENDITURE	(a)	Category (s	See Catego	ries listed at the to	op of this sch	edule)	(b)			de of Texas. Comp officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Nithrow, Gv		er name		Office sou Nontgom		County Repu	blic	Office hel an Montgor	ld mery County Republican		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Kpense         Transportation Equipment & Related Expense           Travel in District         Travel Out of District           .abor         OTHER (enter a category not listed above)							
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
Sch: 46/69 Rpt:	Texas Patriots State PAC	00066799							
4 Date	Payee name (see previous)								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H Sager, Joe Montgomery County	Office held / Republican None							
Date	Payee name (see previous)								
Amount (\$)	Payee address; City; State; Zip Code								
PURPOSE OF EXPENDITURE		t <b>tion</b> k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought <sup>H</sup> Taylor, Douglas Montgomery County	Office held / Republican Montgomery County Republican							
Date	Payee name (see previous)								
Amount (\$)	Payee address; City; State; Zip Code								
PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought <sup>H</sup> Wesley, Phoebe Montgomery County	Office held / Republican None							

		EXPENDITURE CAT	EGORIES FOR	8 BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo / - Gi al Committee Le	vent Expense vers vod/Beverage Expense ft/Awards/Memorials Expense rgal Services he Instruction Guide exp	Loan Rep Office Ove Polling Ex Printing E: Salaries/M	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME	2 FILER NAME 3 Filer ID (Ethics Commission File								
Sch: 47/69 Rpt:	Texas Patriot	Texas Patriots State PAC   00066799								
4 Date	5 Payee name (see previous	Payee name (see previous)								
<b>6</b> Amount (\$)										
6 Amount (\$)	7 Payee address	, City, .	State, Zip Co	ue						
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul> </li> </ul>									
9         Complete ONLY if direct expenditure to benefit C/OH         Candidate/Officeholder name         Office sought         Office held           Springer, Lana         Montgomery County Republican         None										
Date	Payee name (see previous	)								
Amount (\$)	Payee address	; City; S	State; Zip Co	de						
PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top of t	his schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
Complete <u>ONLY</u> if direct	Candidate/Office	holder name	Office sou	5	Office held					
expenditure to benefit C/O	H McMinn, Dawn		Montgom	ery County Repu	blican None					
Date	Payee name (see previous	)								
Amount (\$)	Payee address	; City; S	State; Zip Co	de						
PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top of t	his schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office <sup>H</sup> Labelle, Tony	holder name	Office sou Montgorr	ght ery County Repu	Office held blican None					

				EXP	ENDITURE C	ATEGOR	RIES FOR	R BC	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Award Legal Ser	erage Expense Is/Memorials Exp		Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	P FILER NAME 3 Filer ID (Ethics Commission F									(Ethics Commission Filers)		
	Sch: 48/69 Rpt:		Texas Patriots State PAC 00066799											
4	Date	5	Payee name (see previous)											
6	Amount (\$)	7	Payee address; City; State; Zip Code											
	Expenditure from corporate funds													
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi Becka, Jim	iceholde	r name		Office sou Nontgom	-	County Repu	blic	Office he an None	ld		
	Date		Payee name (see previo	us)										
	Amount (\$) Expenditure from corporate funds		Payee addre	SS; (	City;	State;	Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Si</sub>	ee Categor	ies listed at the to	p of this sche	edule)	(b)			de of Texas. Comp officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi Fessenden, I		r name		Office sou	•		blic	Office he	ld mery County Republican		
						10	nonigon	iei y	Соину Кери	JIIC				
	Date		Payee name (see previo											
	Amount (\$) Expenditure from		Payee addre	SS; (	City;	State;	Zip Co	ode						
	corporate funds													
	PURPOSE OF EXPENDITURE	(a)	Category (Si	ee Categor	ies listed at the to	p of this sche	edule)	(b)			de of Texas. Comp officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi Reagen, Jas		r name		Office sou Nontgom	•	County Repu	blic	Office he an None	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)							
Sch: 49/69 Rpt:	Texas Patriots State PAC 00066799								
4 Date	5 Payee name								
	(see previous)								
6 Amount (\$)	Payee address; City; State; Zip Code								
Expenditure from corporate funds									
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O	<sup>0H</sup> Davis, Julie Montgomery County Republican Montgomery County Republ	lican							
Date	Payee name								
	(see previous)								
Amount (\$)	Payee address; City; State; Zip Code								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description 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	<sup>1</sup> Rendon Sherman, Terry Montgomery County Republican None								
Date	Payee name								
	(see previous)								
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldPHShibley, SundayMontgomery County RepublicanNone								

				EXP	ENDITURE C	CATEGOR	RIES FOR	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Award Legal Ser	erage Expense ds/Memorials Exp		Office Ove Polling Ex Printing E Salaries/V	erheac cpense xpense Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	PER NAME 3 Filer ID (Ethics Commission										ics Commission Filers)
	Sch: 50/69 Rpt:		Texas Patriots State PAC 00066799										
4	Date	5	Payee name										
			(see previous)										
6	Amount (\$) Expenditure from corporate funds	7	Payee addre	ess;	City;	State;	Zip Co	ode					
8	PURPOSE	(a)	Category (S	See Caterior	ies listed at the to	on of this sch	edule)	(b)	Description				
	OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Bagley, Bob		r name		Office sou Nontgorr	-	County Repu	blic	Office he an None	eld	
	Date		Payee name (see previo										
	Amount (\$) Expenditure from corporate funds		Payee addre	ess;	City;	State;	Zip Co						
	PURPOSE OF EXPENDITURE	(a)	Category (S	See Categor	ies listed at the to	op of this sch	edule)	(b)			de of Texas. Com officeholder living	•	
	Complete ONLY if direct		Candidate/Off		r name		Office sou	•			Office h	eld	
	expenditure to benefit C/OF	H (	Caddy, Phill			Ν	/lontgom	nery	County Repu	blic	an None		
	Date		Payee name (see previo										
	Amount (\$) Expenditure from corporate funds		Payee addre	ess;	City;	State;	Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)	Category (S	See Categor	ies listed at the to	op of this sch	edule)	(b)			de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Smith, Calet		r name		)ffice sou /lontgom		County Repu	blic	Office he an Montgo		County Republican

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment									
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
Sch: 51/69 Rpt:	Texas Patriots State PAC00066799								
4 Date	Payee name (see previous)								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
corporate funds									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldHKent, SteveMontgomery County RepublicanNone								
Date	Payee name								
	(see previous)								
Amount (\$)	Payee address; City; State; Zip Code								
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense     </li> </ul>								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O	H Brock, John Montgomery County Republican None								
Date	Payee name (see previous)								
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldHFurber, MarkMontgomery County RepublicanNone								

				EXPENDITURE	CATEGO	RIES FOF	R BO	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gift/ hittee Leg	nt Expense s d/Beverage Expense Awards/Memorials E al Services <b>e Instruction Gui</b> d	xpense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ pense (pense /ages/	Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	<b>2</b> FI	ILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 52/69 Rpt:	Т	exas Patriots	State PAC						00066799	
4	Date	5 Pa	ayee name								
			see previous)								
6	Amount (\$)           Expenditure from corporate funds	<b>7</b> Pa	ayee address;	City;	State;	; Zip Co	de				
8	PURPOSE	(2) 0					(h)	Description			
ð	OF EXPENDITURE	(a) C	ategory <sub>(See C</sub>	ategories listed at the	top of this sch	edule)	(a)   			de of Texas. Com officeholder living	plete Schedule T. g expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeh derson, Betty			Office sou	-	County Repu	blic	Office he an Montgo	eld mery County Republica
	Date		ayee name see previous)								
	Amount (\$)  Expenditure from corporate funds  PURPOSE OF EXPENDITURE		ayee address; ategory <sub>(See Ca</sub>	City; ategories listed at the		; Zip Co edule)		Description	outsie	de of Texas. Com	plete Schedule T.
	EXPENDITURE							Check if Austin	, TX,	officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeh	older name		Office sou	0			Office he	eld
		' Co	ox, Glenn		N	vontgom	ery	County Repu	blic	an None	
	Date		ayee name see previous)								
	Amount (\$) Expenditure from corporate funds	Pa	ayee address;	City;	State;	; Zip Co	de				
_	PURPOSE	(a) C	atagon				(h)	Description			
	OF		ategory <sub>(See C</sub>	ategories listed at the	top of this sch	edule)	(5)	Check if travel		de of Texas. Com officeholder livinç	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeh en, Kenneth	older name		Office sour		County Repu	blic	Office he an Montgo	eld mery County Republica

				EXF	PENDITURE	CATEGOR	RIES FOF	RBC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awaı Legal Se	verage Expense rds/Memorials Ex		Office Ove Polling Ex Printing Ex Salaries/W	erhead pense (pens /ages	e s/Contract Labor		Transportation E Travel in District Travel Out of Di		
1 7	Fotal pages Schedule F1:	2	FILER NAME	E						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 53/69 Rpt:		Texas Patri	iots Sta	ate PAC						00066799		
<b>4</b> [	Date	5	Payee name										
			(see previo	us)									
6 /	Amount (\$) Expenditure from corporate funds	7	Payee addre	ess;	City;	State;	Zip Co	de					
	•		<u> </u>					(h)	<b>D</b> 1.11				
8	PURPOSE OF EXPENDITURE	(a)	Category (S	iee Catego	pries listed at the	top of this sch	edule)	(D)			de of Texas. Con officeholder livin	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off Kelver, Tami		er name		Office sou Montgom	-	County Repu	blic	Office h an Montgo	eld omery County Re	epublican
[	Date		Payee name (see previo										
	Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE		Payee addre		City;		Zip Co				de of Texas. Con officeholder living	iplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off Crowson, Pa		er name		Office sou Montgom	•	County Repu	blic	Office h an Montgo	eld Imery County Re	epublican
[	Date		Payee name (see previo										
ļ	Amount (\$)		Payee addre	ess;	City;	State;	Zip Co	de					
	Expenditure from corporate funds												
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub>	ee Catego	pries listed at the	top of this sch	edule)	(b)			de of Texas. Con officeholder livin	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Plaisance, K		er name		Office sou Aontgom		County Repu	blic	Office h an Montgo	eld omery County Re	epublican

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin /- Gift/Awards/Memorials Expense Printi	Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)					
Sch: 54/69 Rpt:	Texas Patriots State PAC		00066799					
4 Date	5 Payee name (see previous)							
6 Amount (\$)	7 Payee address; City; State; Zip	Code						
Expenditure from corporate funds								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		le of Texas. Complete Schedule T. officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office <sup>H</sup> Vickers, Brad Montg	•	Office held an Montgomery County Republican					
Date	Payee name							
	(see previous)							
Amount (\$)	Payee address; City; State; Zip	Code						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		le of Texas. Complete Schedule T. officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held					
expenditure to benefit C/O	<sup>H</sup> Mitchell, Jay Mont <u>o</u>	omery County Republica	an None					
Date	Payee name (see previous)							
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		le of Texas. Complete Schedule T. officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office <sup>H</sup> Lee, Theresa Montg	sought omery County Republica	Office held an None					

	EXPENDITURE CATEGORIES FOR BOX 8	(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 55/69 Rpt:	Texas Patriots State PAC	00066799
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) Des	cription
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	<sup>1</sup> Philibert, Bill Montgomery Cou	unty Republican Montgomery County Republican
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<sup>1</sup> Schulter, John Montgomery Cou	unty Republican Montgomery County Republican
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
corporate funds		
PURPOSE OF EXPENDITURE		cription 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/OI	<sup>1</sup> Stees, Peter Montgomery Cou	unty Republican None

				EXF	PENDITURE C	ATEGO	RIES FOR	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awaı Legal Se	verage Expense rds/Memorials Exp		Office Ove Polling Ex Printing E Salaries/V	erhead opense xpens Vages	e /Contract Labor		Travel in Distric Travel Out of D	Equipn t istrict	g Expense nent & Related Expense gory not listed above)
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Et	hics Commission Filers)
	Sch: 56/69 Rpt:		Texas Patri	ots Sta	te PAC						00066799		
4	Date		Payee name										
			(see previo										
6	Amount (\$) Expenditure from	7	Payee addre	SS;	City;	State;	Zip Co	ode					
	corporate funds												
8	PURPOSE OF EXPENDITURE	(a)	Category (S	ee Catego	ries listed at the to	p of this sch	edule)	(b)			de of Texas. Cor officeholder livin		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi .awrence, S		er name		Office sou Nontgorr	0	County Repu	blic	Office h an Montgo		ry County Republican
	Date		Payee name (see previo										
	Amount (\$)	<u> </u>	Payee addre	-	City;	State	Zip Co	aha					
	Expenditure from corporate funds PURPOSE OF EXPENDITURE	(a)	Category (S	ee Catego	ries listed at the to	p of this sch	edule)	(b)			de of Texas. Cor officeholder livin		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi				Office sou	•	County Donu	hlia	Office h		a Count / Dopublicon
		_	ightfood, Cl			N	lonigon	lery		DIIC	an wonge	omei	y County Republican
	Date		Payee name (see previo										
	Amount (\$)		Payee addre	SS;	City;	State;	Zip Co	ode					
	Expenditure from corporate funds							-					
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub>	ee Catego	ries listed at the to	p of this sch	edule)	(b)			de of Texas. Cor officeholder livin		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi Valker, Sand		er name		Office sou Nontgorr		County Repu	blic	Office h an None	neld	

		EXPENDITURE	CATEGOR	IES FOR	BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mar Candidate/Officeholder/Po Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F	1: 2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)			
Sch: 57/69 Rpt:		riots State PAC					00066799				
4 Date	5 Payee nam (see previ										
6 Amount (\$)	7 Payee addr	-	State	Zip Co	1e						
Expenditure from corporate funds			outo,	2.0 00							
8 PURPOSE	(a) Category	See Categories listed at the	ton of this scho	(alub	(b) Description						
OF EXPENDITURE					Check if travel		de of Texas. Com officeholder living				
9 Complete <u>ONLY</u> if direct expenditure to benefit C		fficeholder name		ffice sou	•	blio	Office he	eld mery County Republican			
	Pearson, Je		IVI	Unigon	ery County Repu	DIIC	an montyo	mery County Republican			
Date	Payee nam										
	(see previ	ous)									
Amount (\$) Expenditure from corporate funds	Payee addr	ess; City;		Zip Co							
PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the	top of this schee	dule)			de of Texas. Com officeholder living				
Complete ONLY if direct	t Candidate/O	fficeholder name	Of	ffice sou	Jht		Office he	eld			
expenditure to benefit C	<sup>C/OH</sup> Blair, Sharo	n	М	ontgom	ery County Repu	blic	an None				
Date	Payee nam										
	(see previ	ous)									
Amount (\$)	Payee addr	ess; City;	State;	Zip Co	le						
Expenditure from corporate funds											
PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the	top of this scher	dule)			de of Texas. Com officeholder living				
Complete <u>ONLY</u> if direct expenditure to benefit C		fficeholder name า		ffice sou ontgom	<sub>lht</sub> ery County Repu	blic	Office he an None	eld			
	<u> </u>			0	, , , , , , , , , , , , , , , , , , ,		_				

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po g- Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement       Solicitation/Fundraising Expense         cc Overhead/Rental Expense       Transportation Equipment & Related Expense         fing Expense       Travel In District         aries/Wages/Contract Labor       OTHER (enter a category not listed above)         to complete this form.       Solicitation/Fundraising Expense
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 58/69 Rpt:	Texas Patriots State PAC	00066799
4 Date	5 Payee name (see previous)	·
6 Amount (\$)	7 Payee address; City; State; Z	p Code
corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought Office held tgomery County Republican None
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Z	p Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct		e sought Office held
expenditure to benefit C/O	<sup>H</sup> Burks, Mary Mon	tgomery County Republican None
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Z	p Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought Office held tgomery County Republican None

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAM	E	-		-	3	Filer ID (Ethics Commission Filers)	
Sch: 59/69 Rpt:		iots State PAC					00066799	
4 Date	5 Payee name (see previo							
6 Amount (\$)	7 Payee addre	ess; City;	State;	Zip Cod	e			
Expenditure from corporate funds								
8 PURPOSE OF EXPENDITURE	(a) Category (s	see Categories listed at the to	op of this scher	dule) (			ide of Texas. Complete Schedule T. , officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name		ffice soug ontgome	<sup>nt</sup> ry County Repu	ıblic	Office held can None	
Date	Payee name (see previo							
Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	e			
PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the to	op of this scheo	dule) (			ide of Texas. Complete Schedule T. , officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name		ffice soug			Office held	
	Williams, ric		IVI	onigome	ry County Repu	סוומ	can Montgomery County Republic	
Date	Payee name (see previo							
Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	e			
corporate funds								
PURPOSE OF EXPENDITURE	(a) Category (s	see Categories listed at the to	op of this scher	dule) (			ide of Texas. Complete Schedule T. , officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ïceholder name ff		ffice soug ontgome	nt ry County Repu	blic	Office held can None	

		EXPENDITURE	CATEGOR	IES FOR E	3OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense	Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
<b>1</b> Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
Sch: 60/69 Rpt:	Texas Pat	iots State PAC					00066799	
4 Date	5 Payee name (see previo							
<b>6</b> Amount ( <b>b</b> )		-	01-1-1	710.000				
6 Amount (\$)	7 Payee addr	ess; City;	State;	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (	See Categories listed at the t	top of this sched	<sub>dule)</sub> (b			le of Texas. Comp officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name ndy		fice sough ontgomer	t y County Repu	Iblica	Office he an None	ld
Date	Payee name (see previo							
Amount (\$) Expenditure from corporate funds PURPOSE	Payee addr	ESS; City;		Zip Code	) Description			
OF EXPENDITURE					Check if travel		le of Texas. Comp officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name e		fice sough ontgomer	t y County Repu	ıblica	Office he an None	ld
Date	-			~ -	. , ,			
Dale	Payee name (see previo							
Amount (\$)	Payee addr	ess; City;	State;	Zip Code				
corporate funds				1.0				
PURPOSE OF EXPENDITURE	(a) Category (	See Categories listed at the t	top of this sched	dule) (b			le of Texas. Comp officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name		fice sough ontgomer		ıblica	Office he an Montgoi	ld mery County Republican

	EXPENDITURE CATEGORIES FOR BOX 8(a	)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 61/69 Rpt:	Texas Patriots State PAC	00066799
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
corporate funds		
8 PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought <sup>H</sup> Withrow, Bob Montgomery Cour	Office held hty Republican None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE		ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> van den Bert, Rik Montgomery Cour	nty Republican None
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE		ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H Russell, Rajene Montgomery Cour	Office held hty Republican None

		EXPENDITURE (	CATEGOR	IES FOR	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	F F y - C al Committee L	Event Expense Ges Good/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 62/69 Rpt:	Texas Patrio	ts State PAC					00066799	
4 Date	5 Payee name (see previous	s)						
6 Amount (\$)	7 Payee address	s; City;	State;	Zip Co	le			
Expenditure from corporate funds	,							
8 PURPOSE	(a) Category (See	Categories listed at the to	op of this sched	dule)	(b) Description			
OF EXPENDITURE							de of Texas. Compl officeholder living e	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic <sup>H</sup> Jaros, Josh	eholder name		ffice soug	<sub>lht</sub> ery County Repu	blic	Office hel an None	d
Date	Payee name							
	(see previou	s)						
Amount (\$)	Payee address	s; City;	State;	Zip Co	le			
PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the to	op of this schee	dule)			de of Texas. Compl officeholder living e	
Complete ONLY if direct	Candidate/Offic	eholder name	Of	fice sou	Jht		Office hel	d
expenditure to benefit C/O	<sup>H</sup> Love, Susan		M	ontgom	ery County Repu	blic	an Montgon	nery County Republican
Date	Payee name (see previous	s)						
Amount (\$)	Payee address	s; City;	State;	Zip Co	le			
corporate funds								
PURPOSE OF EXPENDITURE	(a) Category (See	e Categories listed at the to	op of this scher	dule)			de of Texas. Compl officeholder living e	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic <sup>H</sup> Stage, Daniel	eholder name		ffice soug ontgom	iht ery County Repu	blic	Office hel an None	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)						
Sch: 63/69 Rpt:	Texas Patriots State PAC00066799							
4 Date	5 Payee name (see previous)							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldOHStage, DanielMontgomery County RepublicanNone							
Date	Payee name							
	(see previous)							
Amount (\$)	Payee address; City; State; Zip Code							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description  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	<sup>DH</sup> Isbell, Leslie Montgomery County Republican None							
Date	Payee name (see previous)							
Amount (\$)	Payee address; City; State; Zip Code							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldOHJohns, DavidMontgomery County RepublicanNone							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F1:	2 FILER NAME	E				3	Filer ID	(Ethics Commission Filers)		
Sch: 64/69 Rpt:	Texas Patri	ots State PAC					00066799			
4 Date	5 Payee name					•				
	(see previo	us)								
6 Amount (\$)	7 Payee addre	ss; City;	State;	Zip Co	le					
8 PURPOSE OF EXPENDITURE	<b>(a)</b> Category <sub>(S</sub>	ee Categories listed at the	top of this sche	dule)			de of Texas. Com officeholder living			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name ert		ffice souc		ıblic	Office he an Montgo	eld mery County Republican		
Date	Payee name									
	(see previo	us)								
Amount (\$)	Payee addre	ss; City;	State;	Zip Coo	le					
PURPOSE OF EXPENDITURE	(a) Category (S	ee Categories listed at the	top of this sche	dule)			de of Texas. Com officeholder living			
Complete ONLY if direct		ceholder name	0	ffice sou	Jht		Office he	eld		
expenditure to benefit C/O	<sup>H</sup> Olinde, Melir	nda	Μ	lontgom	ery County Repu	ıblic	an Montgo	mery County Republican		
Date	Payee name (see previo	us)								
Amount (\$) Expenditure from corporate funds	Payee addre	ss; City;	State;	Zip Coo	le					
PURPOSE OF EXPENDITURE	(a) Category <sub>(S</sub>	ee Categories listed at the	top of this sche	dule)			de of Texas. Com officeholder living			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name ie		ffice souç Iontgom	<sub>lht</sub> ery County Repu	ıblic	Office he an None	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ense rage Expense s/Memorials Expe ices <b>ruction Guide</b>		Office Ov Polling Ex Printing E Salaries/V	erhead opense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics (	Commission Filers)
	Sch: 65/69 Rpt:		Texas Patr	iots Stat	e PAC						00066799		
4	Date	5	Payee name	;									
			(see previo										
6	Amount (\$)	7	Payee addre	ess; C	City;	State;	Zip Co	ode					
	Expenditure from corporate funds												
8	PURPOSE OF EXPENDITURE	(a)	Category (S	See Categori	es listed at the top	o of this sch	edule)	(b)			de of Texas. Com officeholder living		lule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ш	Candidate/Off .ewis, Mary	iceholder	name		Dffice sou Montgon	•	County Repu	blic	Office h		ounty Republican
	Date	I	Payee name (see previo										
	Amount (\$) Expenditure from corporate funds		Payee addre	ess; C	City;	State;	; Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)	Category (s	See Categori	es listed at the top	o of this sch	edule)	(b)			de of Texas. Com officeholder living		lule T.
	Complete ONLY if direct		Candidate/Off	iceholder	name	C	Office sou	Ight			Office h	eld	
	expenditure to benefit C/OI	ΗТ	avel, Sherr	у		Ν	Nontgon	nery	County Repu	blic	an Montgo	mery C	ounty Republican
	Date		Payee name (see previo										
	Amount (\$)		Payee addre	ess; C	City;	State;	; Zip Co	ode					
Ľ	corporate funds												
	PURPOSE OF EXPENDITURE	(a)	Category (S	See Categori	es listed at the top	o of this sch	edule)	(b)			de of Texas. Com officeholder living		lule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off Veber, Kiml		name		Office sou Montgon		County Repu	blic	Office h an Montgo		ounty Republican

		EXPENDITURE CAT	EGORIES FOR	R BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fee Foo / - Gift I Committee Leg	ent Expense es od/Beverage Expense //Awards/Memorials Expense jal Services ee Instruction Guide exp	Salaries/V	Transportation E Travel in District Travel Out of Dis	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
<b>1</b> Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)	
Sch: 66/69 Rpt:	Texas Patriots	State PAC			00066799		
4 Date	5 Payee name (see previous)						
6 Amount (\$)	<ul><li>7 Payee address;</li></ul>		State; Zip Co	nde			
Expenditure from corporate funds	7 Payee autress,	City,					
8 PURPOSE OF EXPENDITURE	(a) Category (See C	ategories listed at the top of t	this schedule)		outside of Texas. Com n, TX, officeholder living		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officel <sup>H</sup> Hankins, Linda	nolder name	Office sou Montgorr	•	Office he Iblican Montgo	eld mery County Republican	
Date	Payee name (see previous)						
Amount (\$)	Payee address;	City;	State; Zip Co	de			
PURPOSE OF EXPENDITURE	(a) Category (See C	Categories listed at the top of t	this schedule)		outside of Texas. Com n, TX, officeholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	nolder name	Office sou	•	Office he		
	<sup>H</sup> Fike, Doris		Montgom	ery County Repu	iblican Montgo	mery County Republican	
Date	Payee name (see previous)						
Amount (\$)	Payee address;	City;	State; Zip Cc	ode			
PURPOSE OF EXPENDITURE	(a) Category (See C	Categories listed at the top of i	this schedule)		outside of Texas. Com n, TX, officeholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officel <sup>H</sup> hatfield, Richard		Office sou Montgom	ght nery County Repu	Office he Iblican None	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Bev - Gift/Awar I Committee Legal Se	Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       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)			
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)			
Sch: 67/69 Rpt:	Texas Patriots Sta	te PAC			000667	799			
4 Date	5 Payee name								
	(see previous)								
6 Amount (\$)	7 Payee address;	City; State	e; Zip Code						
8 PURPOSE	(a) Cotogony		(h	Description					
OF EXPENDITURE	(a) Category (See Catego	ries listed at the top of this sc	hedule) (U		outside of Texas , TX, officeholde	s. Complete Schedule T. r living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde		Office sough Montgomer	t y County Repu		ce held ne			
Date	Payee name								
	(see previous)								
Amount (\$)	Payee address;	City; State	e; Zip Code						
PURPOSE OF EXPENDITURE	(a) Category (See Catego	ries listed at the top of this sc	hedule) (b		outside of Texas , TX, officeholde	s. Complete Schedule T. r living expense			
Complete ONLY if direct	Candidate/Officeholde	er name	Office sough	t	Offi	ce held			
expenditure to benefit C/O	<sup>H</sup> Hord, Lonna		Montgomer	y County Repu	blican Mo	ntgomery County Republican			
Date	Payee name (see previous)								
Amount (\$)	Payee address;	City; State	e; Zip Code						
PURPOSE OF EXPENDITURE	(a) Category (See Catego	ries listed at the top of this sc	hedule) (b		outside of Texas , TX, officeholde	s. Complete Schedule T. rr living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde <sup>H</sup> Church, Graham		Office sough Montgomer	t y County Repu		ce held ne			

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awar Legal Sei	/erage Expense /ds/Memorials Exp		Office Ove Polling Ex Printing E Salaries/V	erhead kpense xpense Wages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Eth	ics Commission Filers)	
	Sch: 68/69 Rpt:		Texas Patr	iots Sta	te PAC						00066799			
4	Date	5	Payee name	;										
			(see previo	ous)										
6	Amount (\$) Expenditure from corporate funds	7	Payee addre	ess;	City;	State;	Zip Co	ode						
8	PURPOSE OF EXPENDITURE	(a)	Category (s	See Catego	ries listed at the t	op of this sch	edule)	(b)			de of Texas. Con officeholder livin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Zeller, Karer		er name		Office sou Nontgor	-	County Repu	blic	Office h an None	eld		
	Date		Payee name (see previo											
	Amount (\$)           Expenditure from corporate funds           PURPOSE		Payee addre		City; ries listed at the t		Zip Co		Description					
	OF EXPENDITURE			Ū		·					de of Texas. Con officeholder livin			
	Complete ONLY if direct		Candidate/Off		er name		Office sou	0			Office h			
	expenditure to benefit C/OF	Γ F	Pedraza, Lu	is		Ν	/lontgom	nery	County Repu	blic	an Montgo	omery	/ County Republica	ŧŊ
	Date		Payee name (see previo											
	Amount (\$) Expenditure from corporate funds		Payee addre	ess;	City;	State;	Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a)	Category (S	See Catego	ries listed at the t	op of this sch	edule)	(b)			de of Texas. Con officeholder livin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Felch, Patric		er name		Office sou Nontgom		County Repu	blic	Office h an Montgo		/ County Republica	۱n
		_		_			_			_		_		

### POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 69/69 Rpt: **Texas Patriots State PAC** 00066799 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 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/OH Goeddertz, Pete Montgomery County Republican Montgomery County Republican

UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2
		SUREDULE I Z
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F2:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 115/151	Texas Patriots State PAC	00066799
<sup>4</sup> TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
02/20/2024	Tripple Threat Strategies	
<b>7</b> Amount (\$) \$2,367.00	8 Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd.	
Expenditure from corporate funds	Fort Worth, TX 76109	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE	Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense e services - PAC adv
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

EXPENDITURES	MADE BY	CREDIT	CARD
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	EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	y - Gift/Award al Committee Legal Serv	erage Expense is/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense nse Printing Expense Salaries/Wages/Contract Labor Set Definition Expense Set Definition Expense Salaries/Wages/Contract Labor Set Definition Expense Set Definition E							
		ruction Guide explains n	low to complete this form.							
1 Total pages Schedule F4:				3 Filer ID (Ethic	cs Commiss	sion Filers)				
Sch: 1/36 Rpt:	Texas Patriots Stat			00066799						
4 CREDIT CARD ISSUER		ncial institution al One	EXPENDITURES	CHARGED TO A CREDIT						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	(c) Date(s) Credit Card Issuer Paid						
Expenditure from corporate funds	\$352.85	01/29/2024	02/24/2024							
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Amazon	1010 Church St								
		Nashville, TN 37203								
B       PURPOSE OF       (a) Category         EXPENDITURE       (See Categories listed at the top of this schedule)         X       Political			()	(b) Description Computer for Treasurer Reporting						
Non-Political	(C) Check if travel outside	T. Check if Austin, T	X, officeholder living exp	ense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	ffice sought	Office held							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid						
Expenditure from corporate funds	\$29.00	01/29/2024	02/24/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Aweber		1100 Manor Dr.							
			Chalfont, PA 18914							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	(b) Description Email software						
X Political	Email software		Email soltware							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living exp	ense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name O	ffice sought	Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ler Paid						
Expenditure from corporate funds	\$13.20	01/26/2024	02/24/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	USPS		10800 Gosling Rd.							
			Spring, TX 77381							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	Postage Stamps		Postage Stamps							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		X, officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held						
expenditure to benefit C/OH										

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense s/Memorials Expense rices	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Ex Transportation Equipment Travel in District Travel Out of District OTHER (enter a category i	ipment & Related Expense				
	Total pages Schedule F4:				3 Filer ID (Ethics	Commiss	ion Eilers)			
Ľ		Texas Patriots Stat				Commiss				
Ŀ	Sch: 2/36 Rpt:				00066799					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	EXPENDITURES \$ CHARGED TO A CREDIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	(c) Date(s) Credit Card Issuer Paid					
	Expenditure from corporate funds	\$35.00	01/29/2024	02/24/2024						
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
		Moonclerk		1040 W. Washington St.						
				Greenville, SC 29601						
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Internet Banking softwar	e					
	X Political	Accounting/Banking								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin T	X, officeholder living exper	ISP				
9	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held					
	expenditure to benefit C/OH									
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Non-Political		(T	-						
⊢		(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	Office held					
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Political									
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.									
	Non-Fontical	(C) Check if travel outside	1.							
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held					
e					Office held					

		EXPE	ENDITURE CATEGO	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards I Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Travel in Distric Travel Out of D						
		The Inst	ruction Guide explains	how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer I	D (Ethics Commiss	sion Filers)				
	Sch: 3/36 Rpt:	Texas Patriots State	e PAC		000667	99					
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEN							
	ISSUER	UBS	S Visa		EXPENDITURES \$ CHARGED TO A CREDIT CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Carc	l Issuer Paid						
	Expenditure from corporate funds	\$1,423.38	02/21/2024								
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Wright's Printing & Marketing			2407 Timberloch Pla Suite A The Woodlands, TX							
8	PURPOSE OF	(a) Category		(b) Description							
-	EXPENDITURE	(See Categories listed at the top	of this schedule)	Voter Guides for Pa	rking Lot						
	X Political	Printing Expense									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul		stin, TX, officeholder	iving expense					
9	Complete ONLY if direct	Candidate/Officeholder		Office sought	Office h						
	xpenditure to benefit C/OH	Toth, Steve		State Representative Dist	rict 15 State F	Representative	District 15				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Carc		-					
	Expenditure from corporate funds										
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		(see previous)									
	PURPOSE OF	(a) Category		(b) Description	(b) Description						
		(See Categories listed at the top	of this schedule)								
	Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Au	istin, TX, officeholder	iving expense					
	Complete ONLY if direct	Candidate/Officeholder		Office sought	Office h	eld					
e	xpenditure to benefit C/OH	Craddick, Christi		Railroad Commissioner	None						
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Carc	l Issuer Paid						
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		(see previous)									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
	Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Au	istin, TX, officeholder	iving expense					
	Complete ONLY if direct	Candidate/Officeholder	name	Office sought	Office h	eld					
e	xpenditure to benefit C/OH	Blacklock, Jimmy		Supreme Court Justice Pla	ace 2 Suprer	ne Court Justic	e Place 2				

	EXP	ENDITURE CATEGO	RIES FOR BOX	10(a)			
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/R Office Overhead/Re		olicitation/Fundraising ansportation Equipme		Typense
Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Tr	avel in District avel Out of District		2.Aponoo
Candidate/Officeholder/Politica			Salaries/Wages/Co		THER (enter a catego	ry not listed at	oove)
	The Inst	ruction Guide explains	how to complete	this form.	_		
<b>1</b> Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)
Sch: 4/36 Rpt:	Texas Patriots Stat	e PAC			00066799		
4 CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	OF UNITEMIZED DITURES	\$		
			CHARG CARD	ED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	arge (c) Date(s) Credit Card Issuer Paid				
Expenditure from corporate funds							
7 PAYEE	(a) Payee name	1	(b) Payee address; City, State, Zip Co				
	(see previous)						
8 PURPOSE OF		(b) Descrip	ation				
EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(2) 2000.1				
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct Candidate/Officeholder name			Office sought		Office held		
				Justice Place 6	Supreme Co	ourt Justic	e Place 6
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s)	Credit Card Issue	r Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
expenditure to benefit C/OH	Bland, Jane		Supreme Court	Justice Place 6	Supreme Co	ourt Justic	e Place 6
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	(see previous)						
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top	of this schedule)					
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
expenditure to benefit C/OH	Schenck, David	C	Court of Crimin	al Appeals,	None		

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense	Event Expe	ense	Loan Repayment/Reimburse		licitation/Fundraising			
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expe Polling Expense	Tra	ansportation Equipme avel in District	eni a Reialeu i	zxpense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Lab		avel Out of District HER (enter a catego	ory not listed at	oove)	
		The Inst	ruction Guide explains I	now to complete this form	n.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	ion Filers)	
	Sch: 5/36 Rpt:	Texas Patriots Stat	e PAC			00066799			
4		Name of final	ncial institution	5 TOTAL OF UN					
-	ISSUER			EXPENDITUR		\$			
				CHARGED TC CARD	A CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Data of Charge	(c) Date(s) Credit	Card Issuer	Doid			
0	—	(a) Alloulli Chargeu	(b) Date of Charge	(C) Date(S) Credit	Caru Issuer	Palu			
	Expenditure from corporate funds								
7	PAYEE	(a) Payee name		(b) Payee addres	s;	City,	State,	Zip Code	
		(coo provious)							
		(see previous)							
8	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Che	ck if Austin, TX,	officeholder living ex	pense		
9	Complete ONLY if direct	Candidate/Officeholder	name C	office sought		Office held			
expenditure to benefit C/OH Parker, Gina Court Of Criminal Appeals, None									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	<sup>.</sup> Paid			
	Expenditure from								
	corporate funds								
-	PAYEE	(a) Payee name		(b) Payee addres	s;	City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. ПСпе	ck if Austin. TX.	officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name C	uffice sought		Office held			
e	xpenditure to benefit C/OH	Finley, Lee		court Of Criminal App	oeals,	None			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit		Paid			
	Expenditure from	()							
	corporate funds								
_	PAYEE	(a) Payee name		(b) Payee addres	c.	City,	State,	Zip Code	
		(a) T ayee hame		(b) Tayee addres	з,	City,	State,		
		(see previous)							
⊢	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political		of Texas. Complete Schedule		ck if Austin, TX,	officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder		office sought	7	Office held		7	
e	xpenditure to benefit C/OH	Bettencourt, Paul	S	tate Senator District	1	State Senate	or District	1	

		EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a	ı)			
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbi Office Overhead/Rental I		olicitation/Fundraisi ansportation Equip		Exnense
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Tr	avel in District avel Out of District		
	Candidate/Officeholder/Politica			Salaries/Wages/Contract		THER (enter a cate	gory not listed al	bove)
		The Inst	ruction Guide explains	how to complete this	form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
	Sch: 6/36 Rpt:	Texas Patriots Stat	e PAC			00066799		
4	CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF EXPENDIT		\$		
				CARD	TO A CREDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issue	r Paid		
	Expenditure from corporate funds							
7	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
		(see previous)						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	I			
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет. 🔲	Check if Austin, TX,	officeholder living	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
е			State Representati	ve District 3	State Repr	resentative	District 3	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issue	r Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
		(see previous)						
		(500 previous)						
_	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	(b) Description				
	Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule		Check if Austin, TX,	officeholder living	expense	
⊢	Complete ONLY if direct	Candidate/Officeholder	•	Dffice sought	, ,	Office held		
e	xpenditure to benefit C/OH	Metcalf, Will	5	State Representati	ve District 16	State Repr	esentative	District 16
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issue	r Paid		
	Expenditure from							
	corporate funds							
	PAYEE	(a) Payee name	1	(b) Payee add	ress;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	l			
	Political							
	Political		of Toylog Commission Columnia		Obeels if Asset	officek-ld-		
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	-	expense	
- -		(c) Check if travel outside Candidate/Officeholder Holt, Janis	name C	e T. □ Dffice sought State Representati		Office held	expense	

	EXPI	ENDITURE CATEGO	RIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursen Office Overhead/Rental Exper Polling Expense Printing Expense Salaries/Wages/Contract Labo	nse Tra Tra Tra Dr OT	licitation/Fundraising ansportation Equipm avel in District avel Out of District 'HER (enter a categ	ent & Related E		
		ruction Guide explains	how to complete this form				· · · = = 1 · · · · · ·	
1 Total pages Schedule F4:					3 Filer ID (Eth	lics Commiss	lion Filers)	
Sch: 7/36 Rpt:	Texas Patriots Stat				00066799			
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (	Card Issuer	Paid			
7 PAYEE	(a) Payee name		(b) Payee address	'1	City,	State,	Zip Code	
	(see previous)							
8 PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top	of this schedule)						
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Chec	k if Austin, TX, o	officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought		Office held			
expenditure to benefit C/OH	Johnson, Leanne	-	Court Of Appeals, Jus			peals, Jus	tice Place	
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
PAYEE	(a) Payee name (see previous)		(b) Payee address	;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Chec	k if Austin, TX, o	officeholder living e>	pense		
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held			
expenditure to benefit C/OH	Seiler, Kenna		Court Of Appeals, Jus					
Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (	Card Issuer	Paid			
PAYEE	(a) Payee name		(b) Payee address	'1	City,	State,	Zip Code	
	(see previous)							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Chec	k if Austin, TX, o	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held			
expenditure to benefit C/OH	Grant, Phil	[	District Judge District	9th	District Judo	ge District	9th	

		EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimburseme Office Overhead/Rental Expense		licitation/Fundrais	ing Expense oment & Related E	znonco	
	Consulting Expense	Food/Beve	erage Expense	Polling Expense	Tra	avel in District		zxpense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor		avel Out of Distric HER (enter a cat	t egory not listed at	ove)	
		The Inst	ruction Guide explains	how to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	Ethics Commiss	ion Filers)	
	Sch: 8/36 Rpt:	Texas Patriots Stat	e PAC			00066799			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNIT					
	ISSUER			EXPENDITURES CHARGED TO A		\$			
				CARD	CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	Expenditure from								
	corporate funds								
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
						-			
		(see previous)							
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check i	f Austin, TX,	officeholder living	expense		
9	Complete ONLY if direct	Candidate/Officeholder	r name 🛛 🔾	Office sought		Office held			
е				District Judge District 41	L0th	District Ju	dge District	410th	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid			
	Expenditure from								
	corporate funds								
⊢	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check i	f Austin, TX,	officeholder living	expense		
	Complete ONLY if direct	Candidate/Officeholder	r name (	Office sought		Office held			
е	expenditure to benefit C/OH	Gilbert, Tracy	[	District Judge District 41	L8th	District Ju	dge District	418th	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	Expenditure from								
	corporate funds								
⊢	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check i	f Austin, TX,	officeholder living	expense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name (	Office sought		Office held			
e	expenditure to benefit C/OH	Maginnis, Patty	ſ	District Judge District 43	35th	District Ju	dge District	435th	

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	EXP	ENDITURE CATEGO	RIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking	Event Exp Fees	bense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundrai Transportation Equ		vponco	
Consulting Expense Contributions/ Donations Mad	Food/Bev	erage Expense ds/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District		Apenae	
Candidate/Officeholder/Po			Salaries/Wages/Contract Labor	OTHER (enter a ca		ove)	
	The Ins	truction Guide explains	how to complete this form.				
1 Total pages Schedule F	4: 2 FILER NAME			3 Filer ID (	Ethics Commissi	ion Filers)	
Sch: 9/36 Rpt:	Texas Patriots Sta	te PAC		00066799			
4 CREDIT CARD ISSUER	Name of fina	ancial institution	5 TOTAL OF UNITEN EXPENDITURES	\$			
			CHARGED TO A C CARD	REDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer Paid			
Expenditure from corporate funds							
7 PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	o of this schedule)	., .				
Political							
Non-Political	(C) Check if travel outside	e of Texas. Complete Schedul		ustin, TX, officeholder livin	g expense		
9 Complete ONLY if direc			Office sought	Office held			
expenditure to benefit C/OH Santini, Vince			District Judge District 457		udge District	457th	
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer Paid			
Expenditure from corporate funds							
						7. 0. 1	
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	o of this schedule)					
Political							
Non-Political	(C) Check if travel outside	e of Texas. Complete Schedul	le T. Check if Au	ustin, TX, officeholder livin	g expense		
Complete ONLY if direc	t Candidate/Officeholde	r name (	Office sought	Office held			
expenditure to benefit C/C	H Ligon, Brett	[	District Attorney District 9		ttorney Distric	ct 9th	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer Paid			
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	o of this schedule)					
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Au	ustin, TX, officeholder livin	g expense		
Complete ONLY if direc	t Candidate/Officeholde		Office sought	Office held	l		
expenditure to benefit C/C	H Stewart, Keith	I	Montgomery County Cour	t at Montgom	ery County C	Court at	

Forms provided by Texas Ethics Commission

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense	Event Expe	ense	Loan Repayment/Reimbursement		licitation/Fundraisi		-veenee	
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expense Polling Expense	Tra	ansportation Equip avel in District	nent & Relateu t	Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor		avel Out of District HER (enter a cate	gory not listed at	oove)	
		The Inst	ruction Guide explains I	now to complete this form.				·	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)	
	Sch: 10/36 Rpt:	Texas Patriots Stat	e PAC			00066799			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEN	<b>/IZED</b>				
	ISSUER			EXPENDITURES		\$			
				CHARGED TO A C CARD	REDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer	l Paid			
	Expenditure from	()	., .						
	corporate funds								
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(a) r ayee name				Oity,	Olule,		
		(see previous)							
8	PURPOSE OF	(a) Category		(b) Description					
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	(-)					
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		uctin TV	officeholder living e	vpopso		
<u>م</u>	Complete ONLY if direct	Candidate/Officeholder		Office sought	13un, 17, 1	Office held	sopense		
			Iontgomery County Attor	nev	Montgome	rv County A	Attornev		
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card	-		.,, .			
	Expenditure from	(u) / integrit enarged	(b) Date of onlarge		100001	- ala			
	corporate funds								
_	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(a) Fayee name		(b) Fayee address,		City,	Siale,	Zip Coue	
		(see previous)							
⊢	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		uctin TV	officeholder living e	vpopso		
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder		Diffice sought	15un, 17, 0	Office held	expense		
е	xpenditure to benefit C/OH	Henderson, Rand		Iontgomery County Sher	iff	Montgome	rv County S	Sheriff	
Ē	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card			.,		
	Expenditure from	(a) / into and on angoa	(S) Date of enalge						
	corporate funds								
_	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
	=	(a) T ayee hame		(b) i ayee address,		City,	State,		
		(see previous)							
⊢	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	(-)					
	Political								
	Non-Political		of Toyon, Complete Cabertuit		uctin TV	officebolder living	WRORCO		
⊢		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	office sought	isun, TX, (	Officeholder living	expense		
6	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	McRae, Tammy		fontgomery County Tax		Office held Montgomery County Tax			
6		worke, railing	IV	ionigomery county rax		monigoine	iy County I	un	

		EXP	ENDITURE CATEGOR	IES FOR BOX 10(a)					
	Advertising Expense	Event Exp		Loan Repayment/Reimbursement		icitation/Fundraising		_	
	Accounting/Banking Consulting Expense		erage Expense	Office Overhead/Rental Expense Polling Expense	Tra	Insportation Equipme	ent & Related E	_xpense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor		vel Out of District HER (enter a catego	ry not listed at	oove)	
		-		now to complete this form.		, J		,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	ion Filers)	
	Sch: 11/36 Rpt:	Texas Patriots Stat	e PAC			00066799			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMI	ZED				
	ISSUER			EXPENDITURES		\$			
				CHARGED TO A CR CARD	EDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid			
-	Expenditure from	(-), · · · · · · · · · · · · · · · · · · ·	(-)	(-)(-)					
	corporate funds								
-	PAYEE			(b) Dovice addressi		City	Ctoto	Zin Codo	
Ľ	PATEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
-		(a) Catagony		(b) Description					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Political								
	님	<b>–</b>							
	Non-Political		of Texas. Complete Schedule		tin, TX, d	officeholder living exp	pense		
	Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held	County		
e.	·			Aontgomery County		Montgomer	y County		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid			
	Expenditure from corporate funds								
	BAX/55								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
		(000 promote)							
		(a) Catagony		(b) Description					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Delitical								
	Political								
	Non-Political		of Texas. Complete Schedule		tin, TX, d	officeholder living exp	oense		
	Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held			
e	xpenditure to benefit C/OH	Wheeler, Ritch		lontgomery County		None			
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	lssuer	Paid			
	Expenditure from corporate funds								
	-								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
		(see previous)							
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
		ישרים האוניאסטורים ווסופע מג גוופ נטף							
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, d	officeholder living exp	oense		
	Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held			
expenditure to benefit C/OH Cash, Philip Montgomery County Const				able,	Montgomery	County C	Constable,		

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense	Event Expe		Loan Repayment/Reimbursemer		licitation/Fundrais		_
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expense Polling Expense	Tra	avel in District	oment & Related E	_xpense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor		avel Out of District HER (enter a cate	t egory not listed at	oove)
		-		now to complete this form.		`	0 7	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	Ethics Commiss	ion Filers)
	Sch: 12/36 Rpt:	Texas Patriots Stat	e PAC			00066799		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNIT	EMIZED			
	ISSUER			EXPENDITURES		\$		
				CHARGED TO A CARD	CREDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid		
ľ	Expenditure from	(u) / inouni onargeu	(b) Date of charge			i did		
	corporate funds							
Ļ	DAVEE							
ľ	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(see previous)						
		(See previous)						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	_	(						
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder		office sought		Office held		
expenditure to benefit C/OH Pena, Daniel Me				Iontgomery County Co	nstable,	None		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid		
	Expenditure from corporate funds							
	corporate funds							
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
		<i>,</i> , ,						
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH	Gable, Ryan	Ν	Iontgomery County Co	nstable,	Montgome	ery County C	Constable,
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid		
	Expenditure from							
	corporate funds							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin. TX	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder		Iffice sought		Office held		
P	xpenditure to benefit C/OH	Hayden, Kenneth (R		Iontgomery County Co	nstable		ery County (	Constable

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	ment & Related I			
		-		how to complete this form.	,	0	,		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)		
	Sch: 13/36 Rpt:	Texas Patriots Stat	e PAC		00066799				
4	CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$				
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		(see previous)							
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description					
		(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living Office held	expense			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Jones, Chris		Nontgomery County Consta		ery County (	Constable.		
Ļ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	-				
	Expenditure from corporate funds	(a) / mount onalgou	(2) Date of enarge						
	PAYEE	(a) Payee name (see previous)		(b) Payee address;	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held				
e	xpenditure to benefit C/OH	Withrow, Gwen		County Party Chair	None				
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
		(see previous)							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense			
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought	Office held				
е	xpenditure to benefit C/OH	Sager, Joe	N	Iontgomery County Pct Ch	air None				

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		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense	Event Expe	ense	Loan Repayment/Reimbursement	Solicitation/Fundraising		-veenee			
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipm Travel in District	eni & Relateu i	Expense			
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a categ	ory not listed at	oove)			
		The Inst	ruction Guide explains l	how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)			
	Sch: 14/36 Rpt:	Texas Patriots Stat	e PAC		00066799					
4		Name of final	ncial institution	5 TOTAL OF UNITEMIZE	ED					
	ISSUER			EXPENDITURES	\$					
				CHARGED TO A CREI	DIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss						
ľ	Expenditure from	(a) Amount Charged	(b) Date of Charge							
	corporate funds									
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		(see previous)								
		(see previous)								
L										
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense				
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held					
e	expenditure to benefit C/OH	Taylor, Douglas	N	Iontgomery County Pct Cha	ir None					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
	Expenditure from									
	corporate funds									
⊢	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				(1) - 1),		,				
		(see previous)								
⊢	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	(4)						
	Political									
	Non-Political									
⊢		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex Office held	pense				
	Complete <u>ONLY</u> if direct	Wesley, Phoebe		Nontgomery County Pct Cha						
	expenditure to benefit C/OH									
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid					
	Expenditure from corporate funds									
	·									
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		(see previous)								
L										
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin.	TX, officeholder living ex	pense				
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Diffice sought	Office held					
í i		Springer, Lana		Iontgomery County Pct Cha	ir None					
e	expenditure to benefit C/OH	opiniger, Lana								

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		citation/Fundraising		znonco		
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Trav	el in District		LAPENSE		
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor		el Out of District IER (enter a catego	ory not listed at	ove)		
		The Inst	ruction Guide explains	how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3	3 Filer ID (Eth	ics Commiss	ion Filers)		
	Sch: 15/36 Rpt:	Texas Patriots Stat	e PAC		0	00066799				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEM						
	ISSUER			EXPENDITURES CHARGED TO A CR		\$				
				CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer F	Paid				
	Expenditure from									
	corporate funds									
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		(u) r uyee name		(5) i ayoo aaarooo,		ony,	Otato,			
		(see previous)								
8	PURPOSE OF	(a) Category		(b) Description						
Ĩ	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		stin TX of	ficeholder living ex	nense			
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		Diffice sought	5011, 17, 01	Office held	pense			
	xpenditure to benefit C/OH	McMinn, Dawn		Iontgomery County Pct Cl	hair	None				
Ļ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card						
	Expenditure from	(u) / integrit enarged	(b) Date of onlarge		1000011	ala				
	corporate funds									
-	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		(a) Fayee name		(b) Fayee address,		City,	State,	Zip Code		
		(see previous)								
⊢	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	(-)						
	Political									
	Non-Political		·			····				
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	stin, TX, of	ficeholder living ex Office held	pense			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Labelle, Tony		Nontgomery County Pct Cl	hair	None				
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card						
	Expenditure from	(a) Amount Chargeu	(b) Date of Charge	(c) Date(s) Cleuit Calu	ISSUEL I	aiu				
	corporate funds									
	DAVEE					O't -	0++++	75-00-01-		
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		(see previous)								
		()								
⊢		(a) Category		(b) Description						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Political									
	Non-Political		of Texas. Complete Schedule		stin, TX, of	ficeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder		Office sought	hair	Office held				
I P	xpenditure to benefit C/OH	Becka, Jim	Ν	Iontgomery County Pct Cl	nair	None				

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense	Event Expe		Loan Repayment/Reimbursement		licitation/Fundraising		_
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expense Polling Expense	Tra	ansportation Equipme avel in District	nt & Related I	_xpense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor		ivel Out of District HER (enter a categor	v not listed at	oove)
		-		now to complete this form.		ι σ		,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)
	Sch: 16/36 Rpt:	Texas Patriots Stat	e PAC			00066799		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM	1IZED			
	ISSUER			EXPENDITURES		\$		
				CHARGED TO A CI CARD	REDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
-	Expenditure from	(-)	(4) = = g =	(-) =(-) =				
	corporate funds							
-	PAYEE		(a) Payee name (b) Payee a			City	Ctoto	Zin Codo
ľ	PATEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	(see previous)							
-	PURPOSE OF	(a) Category		(b) Description				
8	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	님	<b>–</b>						
	Non-Political		of Texas. Complete Schedule		istin, TX, d	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder		office sought	hoir	Office held	County	Dat Chair
e.	xpenditure to benefit C/OH	Fessenden, Dale		Iontgomery County Pct C		Montgomery	County F	
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
	Expenditure from corporate funds							
	BAX/55							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(see previous)						
		(000 promote)						
L		(a) Catagony		(b) Description				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Delitical							
	Political							
	Non-Political		of Texas. Complete Schedule		istin, TX, d	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder		office sought		Office held		
e	xpenditure to benefit C/OH	Reagen, Jason		Iontgomery County Pct C		None		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
	Expenditure from corporate funds							
	-							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(see previous)						
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		ינטטי לאנגעטוובא וואנע מג גווע נטף						
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	istin, TX, d	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held		
e	xpenditure to benefit C/OH	Davis, Julie	N	Iontgomery County Pct C	hair	Montgomery	County F	Pct Chair

		EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense	Event Exp	ense	Loan Repayment/Reimbursement		licitation/Fundraising		
	Accounting/Banking Consulting Expense		erage Expense	Office Overhead/Rental Expense Polling Expense	Tra	ansportation Equipme avel in District	ent & Related E	zpense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		ls/Memorials Expense vices	Printing Expense Salaries/Wages/Contract Labor		avel Out of District HER (enter a catego	ry not listed at	ove)
		-		how to complete this form.		, u	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)
	Sch: 17/36 Rpt:	Texas Patriots Stat	e PAC			00066799		
Δ		Name of fina	ncial institution	5 TOTAL OF UNITE	MIZED			
7	ISSUER	Nume of fina		EXPENDITURES		\$		
				CHARGED TO A C	REDIT			
L				CARD				
6		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid		
	Expenditure from corporate funds							
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		<i>,</i> , , ,						
	(see previous)							
8	PURPOSE OF	(a) Category (See Categories listed at the top		(b) Description				
	EXPENDITURE							
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if A	ustin, TX,	officeholder living exp	oense	
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Diffice sought		Office held		
e	xpenditure to benefit C/OH	Sherman, Terry Ren	idon N	Iontgomery County Pct (	Chair	None		
⊢	PAYMENT	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid			
	Expenditure from	(a) Amount Charged						
	corporate funds							
-	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(a) r ayee name		(5) 1 4900 4441035,		Only,	Olule,	
		(see previous)						
⊢	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	(3) 2000				
	Political							
	Non-Political							
⊢		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Dffice sought	ustin, TX,	officeholder living exp Office held	bense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			-	Choir			
e	•	Shibley, Sunday		Aontgomery County Pct (		None		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	a issuer	Paid		
	Expenditure from corporate funds							
	·							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		(and providua)						
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if A	ustin, TX,	officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	xpenditure to benefit C/OH	Bagley, Bob	Ν	Iontgomery County Pct	Chair	Montgomery	County F	Pct Chair

Forms provided by Texas Ethics Commission

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		ense rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising E Transportation Equipmer Travel in District Travel Out of District		Expense	
	Candidate/Officeholder/Politica				OTHER (enter a category	y not listed at	oove)	
		The Inst	ruction Guide explains h	ow to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 18/36 Rpt:	Texas Patriots Stat	e PAC		00066799			
4	CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$			
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
		(see previous)						
8	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	TX, officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held			
e	xpenditure to benefit C/OH	Cady, Phill		lontgomery County Pct Chair				
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Non-Political							
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, T ffice sought	TX, officeholder living exp Office held	ense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Smith, Caleb		lontgomery County Pct Chair			Pct Chair	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu		County I	or onall	
	Expenditure from corporate funds							
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		_		
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	TX, officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
e	xpenditure to benefit C/OH	Kent, Steve	M	lontgomery County Pct Chair	None			

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense	Event Expe	ense	Loan Repayment/Reimburseme		licitation/Fundraising			
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expense Polling Expense	Tra	ansportation Equipme avel in District	ni & Relaleu i	Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor		avel Out of District HER (enter a catego	ry not listed at	ove)	
		The Inst	ruction Guide explains I	now to complete this form.			-	ŗ	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	ion Filers)	
	Sch: 19/36 Rpt:	Texas Patriots Stat	e PAC	00066799					
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNIT	EMIZED				
	ISSUER			EXPENDITURES		\$			
				CHARGED TO A CARD	CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid			
ľ	Expenditure from	(u) / iniouni charged	(b) Date of onlarge			1 alu			
	corporate funds								
L	BAX/22								
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see nrevious)							
	(see previous)								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	_								
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check i	f Austin, TX,	officeholder living exp	oense		
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	xpenditure to benefit C/OH	Brock, John	N	Iontgomery County Pc	t Chair	None			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid			
	Expenditure from								
	corporate funds								
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check i	f Austin, TX,	officeholder living exp	oense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	xpenditure to benefit C/OH	Furber, Mark	Ν	Iontgomery County Pc	t Chair	None			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	Expenditure from								
	corporate funds								
-	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
				(2) - ayoo ada.coo,		0.0),	otato,	2.p 0000	
		(see previous)							
-	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political		of Toylog, Complete Calify 1.1		f Austin TY	officebolder <sup>th</sup> de r			
-		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	office sought	i Austin, TX,	officeholder living exp Office held	bense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Anderson, Betty		fontgomery County Pc	t Chair	Montgomery		Oct Chair	
e		Anuerson, Delly	IV	Tonigomery County PC	Cirdli	wongomery			

		EXPE	ENDITURE CATEGOR	RIES FOR BOX	10(a)					
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/R Office Overhead/Re		olicitation/Fundraisin ransportation Equipn		Typonso		
	Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Ті	ravel in District ravel Out of District		слреное		
	Candidate/Officeholder/Politica			Salaries/Wages/Co		THER (enter a categ	gory not listed at	ove)		
		The Inst	ruction Guide explains	how to complete	this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	ion Filers)		
	Sch: 20/36 Rpt:	Texas Patriots Stat	e PAC			00066799				
4	CREDIT CARD ISSUER	Name of fina	ncial institution	EXPEN	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	-	Credit Card Issue	l ar Paid				
U	Expenditure from corporate funds		(b) Date of charge							
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
8	PURPOSE OF	(a) Category (See Categories listed at the top		(b) Descri	otion					
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX	, officeholder living e	expense			
9	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
e	xpenditure to benefit C/OH	Cox, Glenn			ounty Pct Chair	None				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
⊢	PURPOSE OF	(a) Category		(b) Descri	otion					
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX	, officeholder living e	expense			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held				
e	xpenditure to benefit C/OH	Allen, Kenneth	Ν	Montgomery Co	ounty Pct Chair	Montgome	ry County F	Pct Chair		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	Expenditure from corporate funds									
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
	PURPOSE OF	(a) Category		(b) Descri	otion					
		(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX	, officeholder living e	expense			
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
e	xpenditure to benefit C/OH	Allen, Kenneth	Ν	Montgomery Co	ounty Pct Chair	Montgome	ry County F	Pct Chair		

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		on/Fundraising Ex rtation Equipment		znonco	
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in	District	a Relateu L	LAPEIISE	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor		out of District (enter a category	not listed at	oove)	
		The Inst	ruction Guide explains l	how to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethics	Commiss	ion Filers)	
	Sch: 21/36 Rpt:	Texas Patriots Stat	e PAC		000	066799			
		Name of final	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES					
	ISSUER			CHARGED TO A CRI	EDIT				
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Pai	d			
	Expenditure from								
	corporate funds								
7	PAYEE	(a) Payee name		(b) Payee address;	С	ity,	State,	Zip Code	
	(see previous)								
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, office	holder living exper	ise		
9	Complete ONLY if direct		Diffice sought		fice held				
	penditure to benefit C/OH	Kelver, Tammy	N	Iontgomery County Pct Ch	nair M	ontgomery C	County F	Pct Chair	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Pai	d			
	Expenditure from								
	corporate funds								
-	PAYEE	(a) Payee name		(b) Payee address;	C	ity,	State,	Zip Code	
								•	
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, office	holder living exper	ise		
-	Complete ONLY if direct	Candidate/Officeholder	name C	Diffice sought	Of	fice held			
	penditure to benefit C/OH	Crowson, Paul		Iontgomery County Pct Ch	air M	ontgomery C	County F	Pct Chair	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Pai	d			
	Expenditure from								
	corporate funds								
	PAYEE	(a) Payee name		(b) Payee address;	С	ity,	State,	Zip Code	
				(1) 1 19 11 11 11 11 11	-	·· <b>·)</b> ,	,		
		(see previous)							
-	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		in TX office	holder living exper	ise		
<u> </u>	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Diffice sought		fice held			
	penditure to benefit C/OH	Plaisance, Kristen		Iontgomery County Pct Ch		ontgomery C	County F	Pct Chair	
<u>~</u> ^			IV.	Sound of the second second second		singoinery (	- Janicy I	J. J. Main	

Forms provided by Texas Ethics Commission

		EXP	ENDITURE CATEGO	RIES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/R Office Overhead/R		Solicitation/Fundraising Transportation Equipme		Exponso
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense		Travel in District Travel Out of District		Expense
	Candidate/Officeholder/Politica			Printing Expense Salaries/Wages/Co		OTHER (enter a catego	ory not listed al	bove)
		The Inst	ruction Guide explains	how to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 22/36 Rpt:	Texas Patriots Stat	e PAC			00066799		
4	CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED			
	ISSUER				IDITURES GED TO A CREDI	т <b> \$</b>		
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issu	ier Paid		
	Expenditure from							
	corporate funds							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
8	PURPOSE OF	(b) Descri	ption					
	EXPENDITURE (See Categories listed at the top of this schedule)							
	Political							
	Non-Political	e T.	Check if Austin, T	X, officeholder living ex	pense			
	Complete ONLY if direct	Office sought		Office held				
e	expenditure to benefit C/OH Vickers, Brad				ounty Pct Chair		/ County F	Pct Chair
		(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issu	ier Paid		
	Expenditure from corporate funds							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
		(000 providuo)						
⊢		(a) Catagony		(b) Deceri	ntion			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	μιση			
	Political							
		<b>–</b>						
	Non-Political		of Texas. Complete Schedule		Check if Austin, T	X, officeholder living ex	pense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder Mitchell, Jay		Office sought	ounty Pct Chair	Office held None		
6		(a) Amount Charged	(b) Date of Charge		) Credit Card Issu			
	Expenditure from	(a) Amount Chargeu	(b) Date of Charge	(C) Dale(S	) Cleuit Caru Issu			
	corporate funds							
⊢	PAYEE	(a) Payee name		(b) Payee	addrace	City	Stata	Zin Codo
		(a) Fayee name		(b) Fayee	auuress,	City,	State,	Zip Code
		(see previous)						
-	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	( ) = 0000	•			
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule			X, officeholder living ex	nense	
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	Diffice sought		Office held	20100	
е	xpenditure to benefit C/OH	Lee, Theresa		0	ounty Pct Chair			
				5 , -				

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/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 OTUER (sectors a schement and listed shows)				
	Candidate/Officenoider/Politica			Salaries/Wages/Contract Labor how to complete this form.	OTHER (enter a category not listed above)				
	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	·)			
1	Sch: 23/36 Rpt:	Texas Patriots Stat			00066799	)			
			ncial institution	5 TOTAL OF UNITEMIZE					
4	CREDIT CARD ISSUER	Name of hina		5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	\$				
6	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de			
		(see previous)							
8	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political		of Texas. Complete Schedule		TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held	•			
e	xpenditure to benefit C/OH	Philibert, Bill		Aontgomery County Pct Cha	, , , , , , , , , , , , , , , , , , ,	ır			
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
	PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Cod	de			
		(see previous)							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Non-Political		of Tours - Operation - Ophonius						
_	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	TX, officeholder living expense Office held				
е	xpenditure to benefit C/OH	Schluter, John		Nontgomery County Pct Cha		ir			
-	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss					
	Expenditure from corporate funds	(-,	(c)g.	(-)(-)					
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Coo	de			
		(see previous)							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin,	TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held				
	xpenditure to benefit C/OH	Stees, Peter	Ν	Iontgomery County Pct Cha	ir None				

Forms provided by Texas Ethics Commission

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense	Event Expe	ense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense			
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District			
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)			
		The Inst	ruction Guide explains l	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 24/36 Rpt:	Texas Patriots Stat	e PAC		00066799			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE	D			
	ISSUER			EXPENDITURES	<u>,</u>			
				CHARGED TO A CRED CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	Expenditure from							
	corporate funds							
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		(see previous)						
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held			
e	expenditure to benefit C/OH	Lawrence, Steven	Ν	Iontgomery County Pct Chai	r Montgomery County Pct Chair			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	Expenditure from							
	corporate funds							
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held			
e	expenditure to benefit C/OH	Lightfoot, Christina	N	Iontgomery County Pct Chai	r Montgomery County Pct Chair			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	Expenditure from							
	corporate funds							
⊢	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		(see previous)						
L								
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held			
		Walker Condra	N	Iontgomery County Pct Chai	r None			
e	expenditure to benefit C/OH	Walker, Sandra	IV	ionigonicity county i of onal	i None			

Forms provided by Texas Ethics Commission

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising I Transportation Equipmen Travel in District Travel Out of District OTHER (enter a categor	nt & Related E				
		The Inst	ruction Guide explains I	now to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)			
	Sch: 25/36 Rpt:	Texas Patriots State	e PAC		00066799					
4	CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		(see previous)								
8	PURPOSE OF	(a) Category	of this ashadula)	(b) Description						
	EXPENDITURE (See Categories listed at the top of this schedule									
	Political									
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, T	TX, officeholder living exp Office held	ense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Pearson, Jerral (Way	Iontgomery County Pct Chai		County F	Pct Chair				
Ļ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	, ,	e e a nity i	01 0110			
	Expenditure from corporate funds		(b) Date of charge	(0) Date(0) 0.000 000 000						
	PAYEE	(a) Payee name (see previous)		(b) Payee address;	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Political									
	Non-Political		of Texas. Complete Schedule		TX, officeholder living exp Office held	ense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder Blair, Sharon		office sought Iontgomery County Pct Chai						
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss						
	Expenditure from corporate funds			(0) Date(0) 0.000 000 000						
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
		(see previous)								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Non-Political		of Touron Committee Onto 1.1	T Doba-1-16 C	TV. officebolder littler					
⊢	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, The Sought	TX, officeholder living exp Office held	ense				
e	xpenditure to benefit C/OH	Grega, Tom		Iontgomery County Pct Chai						

Forms provided by Texas Ethics Commission

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense	Event Expe	ense	Loan Repayment/Reimbursement	Solicitation/Fundraising			
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipm Travel in District	ieni & Reialeu i	Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a categ	ory not listed at	ove)	
		The Inst	ruction Guide explains I	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	ion Filers)	
	Sch: 26/36 Rpt:	Texas Patriots Stat	e PAC		00066799			
4		Name of final	ncial institution	5 TOTAL OF UNITEMIZE	D			
	ISSUER			EXPENDITURES	\$			
				CHARGED TO A CRED CARD	DIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss				
ľ	Expenditure from	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss				
	corporate funds							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(see previous)						
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	kpense		
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held			
e	xpenditure to benefit C/OH	Allison, Sarah	Ν	Iontgomery County Pct Chair	r None			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	Expenditure from							
	corporate funds							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(see previous)						
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin	TX, officeholder living ex	mense		
⊢	Complete ONLY if direct	Candidate/Officeholder		Diffice sought	Office held	(pense		
e e	xpenditure to benefit C/OH	Burks, Mary		Iontgomery County Pct Chai				
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu				
	Expenditure from	(a) / inicant enarged	(b) Date of charge					
	corporate funds							
	PAYEE	(a) Payee name		(b) Payee address;	City	Ctoto	Zin Codo	
		(a) Fayee name		(b) Payee address,	City,	State,	Zip Code	
		(see previous)						
⊢		(a) Category		(b) Description				
	PURPOSE OF EXPENDITURE	() 0 0	of this schedule)					
	EXPENDITURE (See Categories listed at the top of this schedule)							
-	Dolitical							
	Political							
	Political Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	kpense		
		(c) Check if travel outside Candidate/Officeholder Rickard, Elizabeth	name C	T. Check if Austin, <sup>-</sup> Office sought Montgomery County Pct Chain	Office held	kpense		

		EXPE	ENDITURE CATEGOR	RIES FOR BOX	10(a)					
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Re Office Overhead/Re		olicitation/Fundraising ansportation Equipme		znense		
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Tr	avel in District	eni a Relateu i	Lypense		
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Cor		avel Out of District THER (enter a catego	ory not listed at	oove)		
		The Inst	ruction Guide explains l	how to complete t	this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	ion Filers)		
	Sch: 27/36 Rpt:	Texas Patriots Stat	e PAC			00066799				
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	5 TOTAL OF UNITEMIZED EXPENDITURES \$ CHARGED TO A CREDIT					
			-	CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	Expenditure from corporate funds									
7	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code		
	(see previous)									
		(a) Category								
8	PURPOSE OF EXPENDITURE	(b) Descrip	otion							
	Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	officeholder living ex	pense			
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held	-			
e	xpenditure to benefit C/OH	Dinaso, Jim	Ν	Aontgomery Co	ounty Pct Chair	None				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	Expenditure from									
	corporate funds									
	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code		
		(see previous)								
				<u> </u>						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion					
		(								
	Political									
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held	Country	Dat Chair		
e	xpenditure to benefit C/OH	Williams, Herschel			ounty Pct Chair	Montgomery	County F	<sup>2</sup> ct Chair		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Pald				
	corporate funds									
				(1) 5		0.1		7. 0. 1		
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
		(see previous)								
⊢	PURPOSE OF	(a) Category		(b) Descrip	otion					
	EXPENDITURE	(See Categories listed at the top	of this schedule)							
	Political									
	Non-Political	(c) Chock if travel outside	of Texas. Complete Schedule		Check if Austin TV	officeholder living ex	nenso			
-	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		) Office sought		Office held	hellpe			
e	xpenditure to benefit C/OH	Marshall, Jeff			ounty Pct Chair	None				

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/R Office Overhead/Re		Solicitation/Fundraising Expense			
	Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Illing Expense . Tra		Transportation Equipment & Related Expense Travel in District		
	Candidate/Officeholder/Politica			Salaries/Wages/Co		Travel Out of District OTHER (enter a catego	ry not listed at	oove)	
		The Inst	ruction Guide explains	how to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)	
	Sch: 28/36 Rpt:	Texas Patriots Stat	e PAC			00066799			
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$			
				CARD					
6	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issu	er Paid			
7	PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code	
					,	, ,	,		
	(see previous)								
8	8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Descri	otion				
	Political	(	<b>,</b>						
	Non-Political		of Touron, Complete Cabadula			v officebolder living ov			
	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	Check if Austin, 12	X, officeholder living exp Office held	pense		
				U U	ounty Pct Chair	None			
Ĕ		(a) Amount Charged	(b) Date of Charge		) Credit Card Issu				
	Expenditure from	(a) / iniouni Charged	(b) Date of Onlarge	(0) Duic(3)					
	corporate funds								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		(							
		(see previous)							
	DUDD005.05								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption				
	Political								
	Non-Political		(T 0 1 0 1 1 1						
_	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	office sought	Check if Austin, 12	X, officeholder living exp Office held	pense		
	xpenditure to benefit C/OH	Boyd, Denise		-	ounty Pct Chair	None			
0.		(a) Amount Charged	(b) Date of Charge		) Credit Card Issu				
	Expenditure from	(a) / iniouni charged	(b) Date of Onlarge	(0) Duic(3)	orean oura issu				
	corporate funds								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
					,	, ,	,		
		(see previous)							
	PURPOSE OF	(a) Category		(b) Descri	otion				
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, T	X, officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	xpenditure to benefit C/OH	Wertz, John	Ν	Aontgomery Co	ounty Pct Chair	Montgomery	County F	Pct Chair	

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense	Event Expe		Loan Repayment/Reimburseme		licitation/Fundraising		_	
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expens Polling Expense	Tra	ansportation Equipme avel in District	ent & Related E	_xpense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor			ry not listed at	oove)	
		The Inst	ruction Guide explains I	now to complete this form.			-	·	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 29/36 Rpt:	Texas Patriots Stat	e PAC			00066799			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNIT	EMIZED				
-	ISSUER			EXPENDITURES	5	\$			
				CHARGED TO A CARD	CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
ľ	Expenditure from	(a) Amount Charged	(b) Date of charge			i alu			
	corporate funds								
Ļ	DAVEE								
ľ	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
		(See previous)							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	_								
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check i	if Austin, TX,	officeholder living ex	pense		
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
expenditure to benefit C/OH Withrow, Bob Mor			Iontgomery County Pc	t Chair	None				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	Expenditure from								
	corporate funds								
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
		<i>,</i> , , ,							
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check i	if Austin, TX,	officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
e	xpenditure to benefit C/OH	van den Berg, Rik	N	Iontgomery County Pc	t Chair	None			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	Expenditure from								
	corporate funds								
-	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
⊢	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		if Austin TV	officeholder living ex	nense		
⊢	Complete ONLY if direct	Candidate/Officeholder	•	Diffice sought		Office held			
	xpenditure to benefit C/OH	Russell, Rajene		Iontgomery County Pc	t Chair	Montgomery	/ County F	Pct Chair	
				Singemery County FC	- Chull	monigomery	Soundy P	St Shull	

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense					
	Consulting Expense	Food/Beve	Food/Beverage Expense Polli		Travel in District				
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate	gory not listed at	oove)		
		The Inst	ruction Guide explains	how to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	ion Filers)		
	Sch: 30/36 Rpt:	Texas Patriots Stat	e PAC		00066799				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE	D				
	ISSUER			EXPENDITURES	\\$				
				CHARGED TO A CRED CARD	<sup>11</sup>				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	Expenditure from		.,						
	corporate funds								
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
Ľ		(a) Fayee name		(b) Fayee address,	City,	State,	Zip Coue		
		(see previous)							
8	8 PURPOSE OF (a) Category			(b) Description					
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
L	Non-Political		of Texas. Complete Schedule		TX, officeholder living	expense			
			Office sought	Office held					
e	xpenditure to benefit C/OH	Jaros, Josh		Aontgomery County Pct Chair					
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Palo				
	Expenditure from corporate funds								
	BAX/22								
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		(see previous)							
		(000 promote)							
⊢		(a) Catagony		(b) Description					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Dolition								
	Political								
	Non-Political		of Texas. Complete Schedule		TX, officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held				
e	xpenditure to benefit C/OH	Love, Susan		Nontgomery County Pct Chair	-	ry County F	Pct Chair		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	Expenditure from corporate funds								
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		(see previous)							
		(See previous)							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Political								
	Non-Political		of Toylog, Complete Sebedule			evnense			
-	Complete <u>ONLY</u> if direct		name C	Diffice sought Aontgomery County Pct Chair	Office held				

Forms provided by Texas Ethics Commission

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense	Event Expe		Loan Repayment/Reimburseme		licitation/Fundraising		_	
	Accounting/Banking Consulting Expense		rage Expense	Office Overhead/Rental Expense	Tra	ansportation Equipme avel in District	ent & Related E	_xpense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor		avel Out of District HER (enter a catego	ory not listed at	oove)	
		-		now to complete this form.		, u	2	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	ion Filers)	
	Sch: 31/36 Rpt:	Texas Patriots Stat	e PAC			00066799			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNIT	FEMIZED				
	ISSUER			EXPENDITURE		\$			
				CHARGED TO A	A CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	l · Paid			
ľ	Expenditure from	(u) / inouni onargeu	(b) Date of charge			i ulu			
	corporate funds								
L	BAX/22								
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
		(See previous)							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	_								
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check	if Austin, TX,	officeholder living ex	pense		
9	Complete ONLY if direct	Candidate/Officeholder	name O	office sought		Office held			
e	xpenditure to benefit C/OH	Isbell, Leslie	N	Iontgomery County Po	ct Chair	None			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer	Paid			
	Expenditure from								
	corporate funds								
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
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	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check	if Austin, TX,	officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name O	office sought		Office held			
e	xpenditure to benefit C/OH	Johna, David	Ν	Iontgomery County Po	ct Chair	None			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer	Paid			
	Expenditure from								
	corporate funds								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
-	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		if Auetin TV	officeholder living ex	nense		
⊢	Complete ONLY if direct	Candidate/Officeholder	•	office sought		Office held	ponoc		
	xpenditure to benefit C/OH	Walker, Robert		0	ct Chair	Montgomery	/ County F	Pct Chair	
expenditure to benefit C/OH Walker, Robert Montgomery County Pct Chair						monigomery	, County P	St Shull	

EXPENDITURE CATEGORIES FOR BOX 10(a)         Selection/uniformities in provide the provide integration of the provide integrate integration of the provide integration of the prov									
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Carditate/Offerendser/Order/Data         Carditate/Offerendser/Order a category not taked above)           Total pages Schedule F4:         2         Filer ID (Ethics Committee)         3           1         Total pages Schedule F4:         2         Filer ID (Ethics Committee)         00066799           2         CREDIT CARD         Name of financial institution         5         TOTAL OF UNITENIZED EXPENDITURES         \$           6         PAYMENT         (a) Amount Charged         (b) Date of Charge         (c) Dates() Credit Card Issue Paid         \$           7         PAYEE         (a) Amount Charged         (b) Date of Charge         (c) Dates() Credit Card Issue Paid         \$           7         PAYEE         (a) Campory Compose funds         (b) Payee name         (c) Description         \$           8         PURPOSE OF EXPENDITURE         (d) Campory Compose funds         (d) Campory Compose funds         (d) Canegory Card Card Issue Paid         Office held           9         Complete ONLY if direct expenditure to benefit (COH)         Office Auge Trans inside of trans. Cargree Science I: Complete CNLY if direct expenditure to benefit (COH)         (d) Date of Charge         (b) Date of Charge         City.         State.         Zip Code           9         Complete ONLY if direct expenditure to benefit (COH)         (d) Anount Charged         (b) Date of Charge <th></th> <th>Consulting Expense</th> <th>Food/Beve</th> <th></th> <th>Polling Expense</th> <th colspan="2">Iling Expense Tra</th> <th></th> <th>слреное</th>		Consulting Expense	Food/Beve		Polling Expense	Iling Expense Tra			слреное
1 Total pages Schedule F4:       2 FILER NAME       3 Filer 1D (Ethics Commission Files)         2 GREDIT CRD       Name of financial institution       5 TOTAL OF UNITENESS EXPENDITURES       00066799         6 PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       5         7 PAYEE       (a) Payee name       (b) Date of Charge       (b) Payee address;       City,       State,       Zip Code         9 Complete DNLY If drect       (a) Category       (b) Date of Charge       (c) Description       Office held       Office held         9 Complete DNLY If drect       (a) Amount Charged       (b) Date of Charge       (c) Description       Office held       Office held         9 Complete DNLY If drect       Candidate/Officeholder name       Office sought       Montgomery County Pct Chair       Montgomery County Pct Chair       Montgomery County Pct Chair         PAYEE       (a) Payee name       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       Office held         PAYEE       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       Office held         PAYEE       (a) Category       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       Office held         PAYEE       (a) Category       (b) Date of Charge       (b) Date of C								jory not listed al	oove)
Sch: 32/36 Rpt:         Texas Patriots State PAC         00066799           4 CREDIT CARD ISERVENT         Name of financial institution         5 TOTAL OF UNITENIZED CHARGED TO A CREDIT         \$           6 PAYMENT         (a) Amount Charged         (b) Date of Charge         (c) Date(s) Credit Card Issuer Paid         \$           7 PAYEE         (a) Payee name         (b) Date of Charge         (c) Dates/ Credit Card Issuer Paid         State, Z/p Code           8 PURPOSE OF EXPENDITURE         (a) Category (see Drevious)         (b) Description         (c)         Categories lead at the top of the schedule)         (b) Description           9 Composite Units/ 10 Non-Political         (c)         Categories lead at the top of the schedule)         (c) Description         (c) Categories lead at the top of the schedule)         Office Paid           9 Composite Units/ 10 Non-Political         (c)         Categories lead at the top of the schedule)         (c) Description         (c) Categories lead at the top of the schedule)         (c) Date(s) Credit Card Issuer Paid         (c) Date of Charge         (c) Date(s) Credit Card Issuer Paid         (c) Date of Charge         (c) Date(s) Credit Card Issuer Paid         (c) Categories (c) Card Issuer Paid         (c) Categories (c) Card Issuer Paid         (c) Date(s) Credit Card Issuer Paid         (c) Categories (c) Card Issuer Paid         (c) Date of Charge         (c) Date(s) Credit Card Issuer Paid         (c) Categories (c) Card Issuer P			The Inst	ruction Guide explains	how to complete this fo	orm.			
4       CREDIT CARD ISSUER       Name of financial institution       5       TOTAL OF UNITENZED CHARGE TO A CREDIT CARD       \$         6       PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         7       PAYEE       (a) Payee name (see previous)       (b) Payee address:       City.       State.       Zip Code         7       PAYEE       (a) Category (see Categores listed at the tap of this schedule)       (b) Description       City.       State.       Zip Code         9       Political       (c) Credit 1 trate outside of Texas. Complete Schedule T.       Credit Auatin TX. officeholder Ining expense         9       Complete DAILY if direct       Candidate/Officeholder rame       Office Sought       Office held         PAYMENT       (a) Payee name (see previous)       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       City.       State.       Zip Code         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       City.       State.       Zip Code         PAYMENT       (a) Payee name (see previous)       (b) Dascription       City.       State.       Zip Code         PAYMENT       (a) Payee name (see previous)       (b) Dascription       City.       State.       Zip Code <t< th=""><th>1</th><th>Total pages Schedule F4:</th><th>2 FILER NAME</th><th></th><th></th><th></th><th>3 Filer ID (Et</th><th>hics Commiss</th><th>sion Filers)</th></t<>	1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
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8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         9       Political       (c) Catedkit favel duside of Texas. Complete Schedule T. Candidate/Officeholder name       (b) Description         9       Complete QNLY if direct expenditure from corporate funds       Candidate/Officeholder name       Office sought       Office held         PATMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       Very State, Zip Code         PATMENT       (a) Category corporate funds       (a) Payee name       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PATMENT       (a) Category corporate funds       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PURPOSE OF EXPENDITURE       (a) Category (see previous)       (b) Description       State, Zip Code         PURPOSE OF EXPENDITURE       (a) Category (see Caepores listed at the top of this schedule)       (b) Description       State, Zip Code         PATMENT       (a) Category (see Caepores listed at the top of this schedule)       (b) Description       State, Zip Code         PAYEE       (a) Anount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       State, Zip Code         PAYEE       (a) Anount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid									
8       PURPOSE OF EXPENDITURE       (a) Category (see Categories lised at the top of this schedule)       (b) Description         9       Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         9       Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         9       Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         9       Complete from corporate funds       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       Cardidate/Officeholder name         PAYEE       (a) Payee name       (b) Date of Charge       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF EXPENDITURE       (a) Category (see Categories listed at the top of this schedule)       (b) Description       City,       State,       Zip Code         9       On-Political       (c)       Check if numed outside of Toxas, Complete Schedule T.       Check if Austin, TX, officeholder living expense       Complete Sought       Office held       City,       State,       Zip Code         PAYEE       (a) Category (see Categories listed at the top of this schedule)       (b) Description       City,       State,       Zip Code         Byford, Carrie       Condidate/Officeholder name	7	PAYEE	(a) Payee name	l	(b) Payee addre	ess;	City,	State,	Zip Code
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9       Complete QNLY. If direct expenditure to benefit C/OH       Candidate/Officeholder name Office sought Montgomery County PtC Chair Montgomery County PtC Chair Montgomery County PtC Chair Montgomery County PtC Chair Montgomery County PtC Chair         PAYMENT Corporate funds       (a) Amount Charged (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name (see previous)       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description       Check if Austin, TX, officeholder living expense         Complete QNLY if direct expenditure from corporate funds       (c)       Check if ravel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct expenditure from corporate funds       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name (see previous)       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name (see previous)       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Category (See Categories listed at the top of this schedule)       (b) Date of Charge       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       City,       State,       Zip Code         PAYEE <t< th=""><th></th><th></th><th>(a) Chaok if travel outside</th><th>of Toylog, Complete Schedul</th><th></th><th>ook if Auctin TX</th><th>officebolder living o</th><th>vpopco</th><th></th></t<>			(a) Chaok if travel outside	of Toylog, Complete Schedul		ook if Auctin TX	officebolder living o	vpopco	
expenditure to benefit C/OH       Olinde, Melinda       Montgomery County Pct Chair       Montgomery County Pct Chair         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF       (a) Category       (b) Categories listed at the top of this schedule)       (b) Description       Check if Austin, TX, officeholder living expense         Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYEE       (a) Payee name       (b) Date of Charge       Office sought       Office held         Political       (c)       Check if rused outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense       Candidate/Officeholder name       Office sought       Office held         PAYEE       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       State,       Zip Code         PAYEE       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       State,       Zip Code         PAYEE       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       State,       Zip Code         PAYEE       (a) Payee name	<u>م</u>			•		IECK II AUSUII, TA,	-	xpense	
PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Category       (see previous)       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF       (a) Category       (see previous)       (b) Description       (b) Payee address;       City,       State,       Zip Code         Mon-Political       (c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder Ining expense       Candidate/Officeholder name       Office sought       Office held         PAYEE       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       Vertex None         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       Vertex Zip Code         PAYEE       (a) Payee name       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       Vertex Zip Code         PAYEE       (a) Category       (b) Date of Charge       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Category       (b) Date of this schedule)       (b) Description       Vertex Zip Code       Vertex Zip Code <td< th=""><th></th><th></th><th></th><th></th><th>0</th><th>Pct Chair</th><th></th><th>v County F</th><th>Pct Chair</th></td<>					0	Pct Chair		v County F	Pct Chair
Expenditure from corporate funds       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Category       (see previous)       (b) Description       Image: Complete Content of this schedule)       (b) Description         PURPOSE OF       (a) Category       (see Categories listed at the top of this schedule)       (b) Description       Image: Complete Content of the conten of the content of the content of the content	PAYMENT							, ,	
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Image: Non-Political       (c)			(See Calegories listed at the top	of this schedule)					
Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH       Bigford, Carrie       Montgomery County Pct Chair       None         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       Factor of the second		Political							
expenditure to benefit C/OH       Bigford, Carrie       Montgomery County Pct Chair       None         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF       (a) Category       (see previous)       (b) Description       (b) Description       Image: Complete Content is schedule)       (b) Description         POlitical       (c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held       Office held		Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е т. 🗌 Сн	neck if Austin, TX,	officeholder living e	xpense	
PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         Expenditure from corporate funds       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         (see previous)       (b) Description       (b) Description       (b) Description         PURPOSE OF EXPENDITURE       (a) Category       (b) Description       (b) Description         Political       (c)       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		-			-		Office held		
Expenditure from corporate funds       Image: Corporate funds         PAYEE       (a) Payee name         (see previous)       (b) Payee address;         City,       State,         PURPOSE OF       (a) Category         (See Categories listed at the top of this schedule)       (b) Description         Political       (c)         (c)       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	e		-						
Corporate funds       Image: Corporate funds       Image: Corporate funds       Image: Corporate funds         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         (see previous)       (see previous)       (b) Description       Image: Corporate funds			(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issue	r Paid		
(b) Fuy out it if if it is a construction of the schedule it is schedule it is schedule it.       (b) Fuy out it if it is a construction of the schedule it is schedule it.         PURPOSE OF       (a) Category       (b) Description         Political       (See Categories listed at the top of this schedule)       (b) Description         Political       (c) 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									
(b) Faylor databoos, only, on									
PURPOSE OF EXPENDITURE     (a) Category (See Categories listed at the top of this schedule)     (b) Description       Political     (c) 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		PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE     (a) Category (See Categories listed at the top of this schedule)     (b) Description       Political     (c) 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			(see previous)						
EXPENDITURE     (See Categories listed at the top of this schedule)       Political			( p. 61. 600)						
EXPENDITURE     (See Categories listed at the top of this schedule)       Political	-	PURPOSE OF	(a) Category		(b) Description				
Image: Non-Political     Image: Complete ONLY if direct     Image: Complete ONLY if direct       Complete ONLY if direct     Candidate/Officeholder name     Office sought			() 0 0	of this schedule)					
Image: Non-Political     Image: Complete ONLY if direct     Image: Complete ONLY if direct       Complete ONLY if direct     Candidate/Officeholder name     Office sought		Political							
Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held			(c) Check if travel outside	of Texas, Complete Schedule		neck if Austin TY	officeholder living e	xpense	
						entropy of the second s			
	-	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		

	EXPE	ENDITURE CATEGO	RIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	00000			
Consulting Expense	Food/Beve	erage Expense	Polling Expense	Transportation Equip Travel in District		kpense	
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate		ove)	
	The Inst	ruction Guide explains	how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	Ethics Commission	on Filers)	
Sch: 33/36 Rpt:	Texas Patriots State	e PAC		00066799			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ	ZED \$			
ISSUER			CHARGED TO A CR	+			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
Expenditure from							
corporate funds							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
8 PURPOSE OF (a) Category			(b) Description				
EXPENDITURE	<b>EXPENDITURE</b> (See Categories listed at the top of this schedule)						
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aust	in, TX, officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder	name C	Dffice sought	Office held			
expenditure to benefit C/OH Tavel, Sherry			Montgomery County Pct Ch	air Montgome	ery County P	ct Chair	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
Expenditure from corporate funds							
corporate lands							
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
	(See Calegones listed at the top	or this schedule)					
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		in, TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held			
expenditure to benefit C/OH	Weber, Kimberly	N	Montgomery County Pct Ch	air Montgome	ery County P	ct Chair	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid			
Expenditure from corporate funds							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(see previous)						
PURPOSE OF	(a) Category	of this schodulo)	(b) Description				
	(See Categories listed at the top						
Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aust	in, TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder Hawkins, Linda		Office sought	Office held			
expenditure to benefit C/OH	Montgomery County Pct Ch	air Montgome	ery County P	ct Chair			

Forms provided by Texas Ethics Commission

		EXPE	ENDITURE CATEGOR	RIES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/R Office Overhead/Re		olicitation/Fundraising ransportation Equipme		Expense
	Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Polling Expense Printing Expense	olling Expense . Tra		in a riolatou i	_,,poneo
	Candidate/Officeholder/Politica			Salaries/Wages/Co		ravel Out of District THER (enter a categor	ry not listed at	oove)
		The Inst	ruction Guide explains	how to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 34/36 Rpt:	Texas Patriots Stat	e PAC			00066799		
4	CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	Expenditure from corporate funds							
7	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
		(						
	(see previous)							
8	PURPOSE OF EXPENDITURE				otion			
	Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	, officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
expenditure to benefit C/OH Fike, Doris Mc			Montgomery Co	ounty Pct Chair	Montgomery	County F	Pct Chair	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	Expenditure from							
	corporate funds							
	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
	Political							
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	, officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
e	xpenditure to benefit C/OH	Hatfield, Richard			ounty Pct Chair	None		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	Expenditure from corporate funds							
	DAVEE							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		(see previous)						
		()						
⊢	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)					
	Political							
	Non-Political		of Toyon Complete Caba !!			officeholder	00000	
-		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	e T. Office sought		, officeholder living exp Office held	lense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Clevinger, Bill		0	ounty Pct Chair	None		
Le			IV	nonigomery Cl	burry For Chall	NOTIC		

EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense	Office Overhead/Rental Exp Polling Expense Printing Expense	ffice Overhead/Rental Expense Tra olling Expense Tra inting Expense Tra		olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)	
		The Inst	ruction Guide explains h	now to complete this for	m.			
1	1 8	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 35/36 Rpt:	Texas Patriots State	e PAC			00066799		
4	CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	RES	\$		
6	PAYMENT Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	t Card Issuer	Paid		
7	PAYEE	(a) Payee name		(b) Payee addres	SS;	City,	State,	Zip Code
		(see previous)						
8				(b) Description				
		(See Calegories listed at the top						
	Political							
	Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Che	eck if Austin, TX,	officeholder living ex Office held	pense	
			Iontgomery County	Pct Chair	Montgomery	/ County F	Pct Chair	
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit		, ,		
	Expenditure from corporate funds			(0) 2410(0) 01041		i did		
	PAYEE	(a) Payee name (see previous)		(b) Payee addres	;S;	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Che	eck if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held		
e	xpenditure to benefit C/OH	Church, Graham		Iontgomery County		None		
	Expenditure from corporate funds	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	t Card Issuer	<sup>r</sup> Paid		
	PAYEE	(a) Payee name (see previous)		(b) Payee addres	;S;	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Non-Political		of Texas. Complete Schedule		eck if Austin, TX,	officeholder living ex	pense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder Zeller, Karen		office sought Iontgomery County	Pct Chair	Office held None		

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense	Event Expe		Loan Repayment/Reimbursement					
	Accounting/Banking Consulting Expense		Food/Beverage Expense Po		olling Expense Tra		Transportation Equipment & Related Expense		
	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Prin tee Legal Services Sal			wel Out of District HER (enter a cated	ory not listed at	oove)	
		-		now to complete this form.				,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)	
	Sch: 36/36 Rpt:	Texas Patriots Stat	e PAC			00066799			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEM	IZED				
	ISSUER			EXPENDITURES					
				CHARGED TO A CF CARD	REDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid			
ľ	Expenditure from	(u) / inouni onargeu	(b) Date of Onlarge		1000001	1 ald			
	corporate funds								
Ļ	DAVEE								
ľ	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
	(see previous)								
8				(b) Description					
	EXPENDITURE (See Categories listed at the top of this schedule)								
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	stin, TX, d	officeholder living e	xpense		
9				office sought		Office held			
expenditure to benefit C/OH Pedraza, Luis			N	Iontgomery County Pct C	hair	Montgome	ry County F	Pct Chair	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid			
	Expenditure from								
	corporate funds								
	PAYEE	(a) Payee name	I	(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	stin, TX, d	officeholder living e	xpense		
	Complete ONLY if direct	Candidate/Officeholder	name C	office sought		Office held			
e	xpenditure to benefit C/OH	Teich, Patrick	N	Iontgomery County Pct C	hair	Montgome	ry County F	Pct Chair	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid			
	Expenditure from								
	corporate funds								
-	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(see previous)							
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(a) Chook if travel autoid	of Texas. Complete Schedule		tin TV	officaboldor hims -	vnonso		
-		(c) Check if travel outside Candidate/Officeholder	•	Diffice sought	5011, TX, (	officeholder living e	крепзе		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Goeddertz, Pete		Iontgomery County Pct C	hair	Montgome	V County I	Pct Chair	
e.			nall	monigumer	y County P	or oriali			