FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00054177 3 COMMITTEE NAME **OFFICE USE ONLY Texas Our Texas** Date Received **ELECTRONICALLY FILED** 02/25/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 426 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78767 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jill Ms. NAME NICKNAME LAST **SUFFIX** Brown STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2517 Pecos STREET **ADDRESS** (Residence or Business) Austin, TX 78703 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 426 MAILING **ADDRESS** Austin, TX 78767 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 426-5781 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Our Texas			00054177	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. John Kuempel State Rep	oresentative	
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	57,464.26
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Jil	l Brown	
		Signature of Car	mpaign Treasui	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

						Page 3 01 11
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Our Texas				00054177	
,	COMMITTEE	Candidates (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.)		Rep. Steve Allison State Repres	sentative	
	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			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Glenn Rogers State Repre	esentative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed	_		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Travis Clardy State Repres	sentative	
			l			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

40.0					
12 (COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
٦	exas Our Texas				00054177
<i>(</i>	COMMITTEE ACTIVITY Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed		
p r	eaper to complete this eport if necessary.)				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Dade Phelan State Repres	sentative
A	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
p	Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. DeWayne Burns State Rep	presentative
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
p	Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Stan Lambert State Repres	sentative

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

		Page 5 01 11
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
Texas Our Texas		00054177
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by p		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by p	arty.)	Rep. Ernest Bailes State Representative
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by p	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	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by p	arty.)	Rep. Terry Canales State Representative
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by p	A. Supported	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by p	arty.)	Rep. Jeff Leach State Representative

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

Page 6 of 1: COMMITTEE NAME Texas Our Texas COMMITTEE ACTIVITY (Attach lists on plain paper to complete this) Page 6 of 1: (Ethics Commission Filers 00054177 A. Supported B. Opposed	PURPOSE						ADDENDUM
Texas Our Texas COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted Rep. Joe Moody State Representative							Page 6 of 11
Texas Our Texas COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted Rep. Joe Moody State Representative	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
ACTIVITY ((Attach lists on plain paper to complete this report if necessary.) 2. Measures ((Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed	Texas Our Texas					00054177	
ACTIVITY ((Attach lists on plain paper to complete this report if necessary.) 2. Measures ((Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed	COMMITTEE	1. Candidates	A. Supported			<u> </u>	
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Rep. Joe Moody State Representative	ACTIVITY						
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Rep. Joe Moody State Representative	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Rep. Joe Moody State Representative		2 Measures	A Supported				
B. Opposed 3. Officeholders			7 ti Gupportou				
Assisted		, , , , , , , , , , , , , , , , , , , ,	B. Opposed				
Assisted		2 Officeholders		Don Jos Moody	State Depress	untativo	
applicable, classify by party.)		Assisted		Rep. Joe Moody	State Represe	entative	
		applicable, classify by party.)					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		7 of 11
17 COMMITTEE NAME Texas Our Texas	18 Filer ID 00054177	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 3,250.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

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

Travel in District

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

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: 1/4 Rpt: 8/11	Texas Our Texas 00054177
4 Date	F. Davies same
	5 Payee name
02/22/2024	Dade Phelan Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P O Box 5990
Expenditure from corporate funds	Austin, TX 78763
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaigh Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	
Date	Payee name
02/22/2024	Representative DeWayne Burns Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	703 Stonelake Dr.
Ψ230.00	700 Stoffclare Dr.
Expenditure from	
corporate funds	Cleburne, TX 76033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/22/2024	Representative Ernest Bailes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P O Box 1232
Expenditure from	
corporate funds	Shepherd, TX 77371
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/4 Rpt: 9/11	Texas Our Texas 00054177	
4 Date	5 Payee name	
02/22/2024	Representative Jeff Leach Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$250.00	P. O. Box 866186	
Expenditure from corporate funds	Plano, TX 75086	
8 PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	Н	
Date	Payee name	_
02/22/2024	Representative Joe Moody Campaign	
	7 . 0	_
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	P. O. Box 920827	
Expenditure from		
corporate funds	El Paso, TX 79902	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/61		
Date	Payee name	
02/07/2024	Representative John Kuempel Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P. O. box 177	
Expenditure from corporate funds	Seguin, TX 78156	
•		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaring Magas/Contract Labor

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
· •	
Sch: 3/4 Rpt: 10/11	Texas Our Texas 00054177
4 Date	5 Payee name
02/22/2024	Representative Stan Lambert Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P O Box 3752
Expenditure from	Abilana TV 70604
corporate funds	Abilene, TX 79604
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/22/2024	Representative Steve Allison Campaign
Amount (\$)	
\$250.00	14546 Brook Hollow Blvd., Box 511
Expenditure from	
corporate funds	San Antonio, TX 78232
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Data	Development
Date	Payee name
02/22/2024	Representative Travis Clardy Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	209 E. Main Street
Expenditure from corporate funds	Nacogdoches, TX 75961
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
,	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 11/11	Texas Our Texas 00054177
4 Date	5 Payee name
02/22/2024	Representtive Glenn Rogers Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P o Box 11
Expenditure from corporate funds	Graford, TX 76449
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/22/2024	Representtive Terry Canales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	602 W. UniversityDr., Ste. B
Expenditure from corporate funds	Edinburg, TX 78539
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	