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) 00050436 3 COMMITTEE NAME **OFFICE USE ONLY** Dallas/Fort Worth Conservative Voters Date Received **ELECTRONICALLY FILED** 02/25/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 173065 Date Hand-delivered or Date Postmarked Change of Address Arlington, TX 76003 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Stuart M. NAME NICKNAME LAST **SUFFIX** Lane STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** P.O. Box 173065 STREET **ADDRESS** (Residence or Business) Arlington, TX 76003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 173065 MAILING **ADDRESS** Arlington, TX 76003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 609-4041 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

2 COMMITTEE NAME	ı	10 Files ID	(Ethios Commission Files)
.2 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Dallas/Fort Worth Conservative Voters		00050436	
4 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Christi Craddick Railroad Com	ımissioner	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures (Describe by date and location of election and nature of issues)			
	B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
TOTALS PLEDGES, LOAN: CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
	CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	21,978.89
EXPENDITURE 3. TOTAL UNITEMIZ TOTALS	ED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLITIC	CAL EXPENDITURES	\$	23,110.63
CONTRIBUTION 5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	8,432.85
	IL AMOUNT OF ALL OUTSTANDING LOANS AS OF E REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT		<u> </u>	
	I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
	M. 0		
	Mr. Stua Signature of Ca	rt M. Lane	Iror
		mpaigir rreasu	ilei
AFFIX NOTARY STAMP / SEAL ABOV	E		
	, tl	nis the	day
of, 20, to certif	fy which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of office	cer administering oath

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DMMITTEE NAME Allas/Fort Worth Conse DMMITTEE CTIVITY Ittach lists on plain per to complete this port if necessary.)	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.) Officeholders Assisted		John Devine Supreme Cou	13 Filer ID (Ethics Commission Filers) 00050436 rt Justice
ETIVITY ttach lists on plain per to complete this port if necessary.)	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.) Officeholders Assisted	B. Opposed A. Supported	John Devine Supreme Coul	
ctivity ttach lists on plain per to complete this port if necessary.)	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	B. Opposed A. Supported	John Devine Supreme Coul	rt Justice
per to complete this port if necessary.)	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	A. Supported		
	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted			
	Assisted	B. Opposed		
	Assisted			
	(Identify by name or, if applicable, classify by party.)			
DMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Schenck Court of Cri	minal Appeals, Presiding Judge
ttach lists on plain per to complete this port if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
DMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gina Parker Court Of Crimin	nal Appeals, Judge
ttach lists on plain per to complete this port if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	ort to complete this ort if necessary.) MMITTEE TIVITY tach lists on plain per to complete this	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) PMMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Each lists on plain per to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Each lists on plain per to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if leading to the proposed lead

FORM GPAC ADDENDUM

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Dallas/Fort Worth Cons	ervative Voters				00050436	
14	COMMITTEE	1. Candidates	A. Supported	Lee Finley Court	Of Criminal Apr	peals. Judge	
	ACTIVITY	(Identify by name or, if		,		, 3	
		applicable, classify by party.)					
	(Attach lists on plain		B. Opposed				
	paper to complete this						
	report if necessary.)						
		2. Measures	A. Supported				
		(Describe by date and	, Gapportoa				
		location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders					
		Assisted					
		(Identify by name or, if applicable, classify by party.)					
	COMMITTEE			Destinie Head Of		1	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Particia Hardy Sta	ate Board Of Ed	ducation	
		applicable, classify by party.)					
	(Attach lists on plain		D. Onnoord				
	paper to complete this		B. Opposed				
	report if necessary.)						
		2 11					
		Measures (Describe by date and	A. Supported				
		location of election and					
		nature of issue.)	D. Orananad				
			B. Opposed				
		3. Officeholders					
		Assisted					
		(Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates		Stephanie Klick S	tate Represent	ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)					
	Z						
	(Attach lists on plain paper to complete this		B. Opposed				
	report if necessary.)						
		2. Measures	A. Supported				
		(Describe by date and location of election and					
		nature of issue.)					
			B. Opposed				
		Officeholders Assisted					
		(Identify by name or, if					
		applicable, classify by party.)					

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			13 Filer ID	(Ethics Commission Filers)
servative Voters			00050436	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Cheryl Bean State Representat	ive	
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capriglione State Rep	presentative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Patricia Bennett Family District	Court Judge	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported (Identify by name or, if applicable, classify by party.) 5. Candidates (Identify by name or, if applicable, classify by party.) 6. Supported (Identify by name or, if applicable, classify by party.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.) 8. Opposed (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Giovanni Capriglione State Representation of election and nature of issue.) B. Opposed 4. Supported Giovanni Capriglione State Representation of election and nature of issue.) B. Opposed 4. Supported Giovanni Capriglione State Representation of election and nature of issue.) B. Opposed A. Supported Giovanni Capriglione State Representation of election and nature of issue.) B. Opposed A. Supported Patricia Bennett Family District A. Supported Patricia Bennett Family District A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed	1. Candidates (dentity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 4. Supported 5. Opposed 5. Opposed 6. Opposed 6. Opposed 7. Candidates (dentity by name or, if applicable, classify by party.) 8. Opposed 7. Candidates (dentity by name or, if applicable, classify by party.) 8. Opposed 7. Candidates (Describe by date and location of election and nature of issue.) 8. Opposed 8. Opposed 8. Opposed 9. Opposed

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Dallas/Fort Worth Cons	ervative Voters			00050436
	COMMITTEE	1. Candidates	A. Supported	George Gallagher District Judge	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures	A. Supported		
		(Describe by date and location of election and nature of issue.)			
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if			
	0014141777	applicable, classify by party.)	1		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		William Knight Criminal District	Court Judge, Tarrant Co.
	(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.)		Rick Barnes Tax Assessor	
	(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 , , , , , , , , , , , , , , , , ,	<u> </u>		

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	Page 7 of 11						
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)	
	Dallas/Fort Worth Cons	ervative Voters			00050436		
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dale Clark Constable	·		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Joe Johnson Constable			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Kiefer Constable			
	(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.)					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				8 of 11
		EE NAME t Worth Conservative Voters	18 Filer ID 00050436	(Ethics Commission Filers)
19 SCH NAM	HEDULE ME OF S		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 21,978.89
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 23,110.63
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$
ı				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 9/11	
2	FILER NAME Dallas/Fort V	/orth Conservative Voters			Filer ID (Ethics Commissi 00050436	on Filers)
4	Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID#:) Carver, Lee 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76126				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/13/2024	Full name of contributor)		Amount of Contribution (\$)	\$500.00
	Principal occu	Saginaw, TX 76179 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Education	(,		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID#: Lane, Stuart Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$378.89
		Arlington, TX 76003				
	Administration	pation / Job title (See Instructions) n	Employer (See Instructions	5)		
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:R, Wagonseller Contributor address; City; State; Zip Code Flower Mound, TX 75022)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#: Team Tarrant PAC Contributor address; City; State; Zip Code Arlington, TX 76002			Amount of Contribution (\$)	\$20,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		· ·				

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
Sch: 1/2 Rpt: 10/11	Dallas/Fort Worth Conservative Voters		00050436	
4 Date	5 Payee name		•	
02/08/2024	Blue Host			
6 Amount (\$)	7 Payee address; City; State; Zip Co	le		
\$9.99	1958 South 950 East			
Expenditure from corporate funds	Provo, UT 84606			
<u> </u>	<u> </u>	(I-)		
8 PURPOSE OF	, , ,	(b) Description	vel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense	ш	stin, TX, officeholder living expense	
		Website h	osting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	ıht	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
02/24/2024	Blue Host			
Amount (\$)	Payee address; City; State; Zip Co	le		
\$72.98	1958 South 950 East			
ψ12.00	1000 00001 000 2001			
Expenditure from	Dravo LIT 94606			
corporate funds	Provo, UT 84606			
PURPOSE OF	,	(b) Description	uval autoida of Tayas, Complete Sahadula T	
EXPENDITURE	Advertising Expense	ш	evel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense	
		website ho		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıht	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
02/21/2024	Blue Host			
Amount (\$)	Payee address; City; State; Zip Co	le		
\$295.92	1958 South 950 East	••		
Ψ200.02	2555 66411 666 2461			
Expenditure from	Provo LIT 9/606			
corporate funds	Provo, UT 84606	.		
PURPOSE OF	,	(b) Description	vel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense		estin, TX, officeholder living expense	
		website ho		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıht	Office held	
expenditure to benefit C/O				

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

Candidate/Officeholder/Politica Credit Card Payment	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: 2/2 Rpt: 11/11	Dallas/Fort Worth Conservative Voters 00050436
4 Date	5 Payee name
02/12/2024	Precision Press
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,841.54	900 West Main Street
— Formandikum forma	
Expenditure from corporate funds	Arlington, TX 76013
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	printing and mail service
	Firming and man services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2024	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$17,890.20	4108 SW GREEN OAKS BLVD
Expenditure from corporate funds	Arlington, TX 76017
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Postage Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Postage
	a strings
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	