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) 00085270 3 COMMITTEE NAME **OFFICE USE ONLY** Wise County Conservatives Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1816 S. FM 51 STE 400-165 Date Hand-delivered or Date Postmarked Change of Address Decatur, TX 76234 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Frank C. NAME NICKNAME LAST **SUFFIX** Wells Jr. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1816 S. FM 51 STE 400-165 STREET **ADDRESS** (Residence or Business) Decatur, TX 76234 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1816 S. FM 51 Ste. 400-165 MAILING **ADDRESS** Decatur, TX 76234 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 680-6312 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

			1	
L2 COMMITTEE NAME Wise County Conser	vatives		13 Filer ID 00085270	(Ethics Commission Filers)
		In Compared 2.1. D. i. C		-
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported John Devine Supreme Court	Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
F CONTRIBUTION		D DOLUTION CONTRIBUTIONS (OTHER THAN	İ	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	AL CONTRIBUTIONS	\$	17.155.00
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)		17,155.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	14,306.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	4,476.02
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
			C. Wells Jr.	
		Signature of Ca	ampaign Treas	eurer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	oed before me, by the said _		this the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	ittle of off	icer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 13

COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Wise County Conservat	ives 				00085270	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gina Parke	r Court Of Crimin	al Appeals, 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	Candidates (Identify by name or, if applicable, classify by party.)		Lee Finley	Court Of Crimina	l Appeals, 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	Candidates (Identify by name or, if applicable, classify by party.)		David Sche	enck Court Of Crir	minal Appeals, Jud	ge
(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.)					
	•	•				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 13

								1 ago 1 01 10
12	COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
	Wise County Conservat	ives					00085270	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed ,	Andy Hopper Sta	ate Representa	I tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed				
			B. Opposed	d				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	COMMITTEE	1. Candidates	A. Supporte	ed (Cary Mellema Sh	neriff		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		, ou	odry Welleriid Of	ieiiii		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed				
			B. Opposed	d				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed	Kimberly Hoy Wi	se GOP PC 7		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed				
			B. Opposed	d				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
		applicable, classify by party.)						

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				5 of 13
		EE NAME nty Conservatives	18 Filer ID 00085270	(Ethics Commission Filers)
	HEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,155.0
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL 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.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 14,306.8
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	\$
				1

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 6/13				
2	FILER NAME Wise County	/ Conservatives			3	Filer ID (Ethics Commission 00085270	ı Filers)		
4	Date 02/01/2024	5 Full name of contributor out-of-state PAC (ID#:) Bryant, Debbie 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$20.00		
8	Principal occu retired	Bridgeport, TX 76426 pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)				
	Date 02/05/2024	Full name of contributor Hamilton, Monica Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu homemaker	Boyd, TX 76023 pation / Job title (See Instructions)		Employer (See Instructions self	<u>;</u>)				
	Date 01/28/2024	Full name of contributor Jackson, David Contributor address; City; State			Amount of Contribution (\$)	\$30.00			
		Paradise, TX 76073							
	engineer	pation / Job title (See Instructions)		Employer (See Instructions FAA	5)				
	Date Full name of contributor out-of-state PAC (ID# 01/27/2024 Philips, Graydon Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$20.00		
	Principal occu	pation / Job title (See Instructions) hanic		Employer (See Instructions DOD	5)				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHED	ULE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1 Sch: 2/2 Rpt: 7/13	:	
2	FILER NAME Wise County	v Conservatives		3	Filer ID (Ethics Commis 00085270	ssion Filers)
4	Date 02/13/2024	 Full name of contributor		7	Amount of Contribution (\$	\$14,000.00
_		Victoria, TX 77901	2 5 1 (2 1 1 1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s) 		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Trinity Conservative Coalition PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$	\$3,000.00
	Principal occu	Decatur, TX 76234 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		
	Date 01/27/2024	Full name of contributor out-of-state PAC (ID#:_ Winship, Terri Contributor address; City; State; Zip Code Decatur, TX 76234			Amount of Contribution (\$	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions unemployed	<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Gard Layment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 8/13	Wise County Conservatives	00085270
4 Date	5 Payee name	
02/21/2024	Amazon.com	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$6.39	P.O. Box 81226	
Expenditure from corporate funds	Seattle, WA 98108	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	meeting supplies	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Disposable name tags
		,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		The Time Held
Date	Dove name	
02/05/2024	Payee name Anedot	
		1.
Amount (\$)	Payee address; City; State; Zip Cod	le .
\$8.20	1340 Poydras Street	
Expenditure from	Suite 1770	
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online donation processing fees
		Offine doridion processing rees
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	•	omee nota
Data	D	
Date 02/13/2024	Payee name First Financial Bank	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$15.00	608 W Hale Ave	
Expenditure from		
corporate funds	Decatur , TX 76234	
PURPOSE OF	,	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Wire transfer fee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	•	Onice field

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 9/13	Wise County Conservatives	00085270
4 Date	5 Payee name	
02/17/2024	Mailchimp	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$117.26	675 Ponce de Leon Ave NE	
	Suite 5000	
Expenditure from corporate funds	Atlanta, GA 30308	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Email subscription	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Email Subscription	Check if Austin, TX, officeholder living expense
		Email subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	1	
Date	Payee name	
02/05/2024	Printplace.com	
Amount (\$)	Payee address; City; State; Zip C	ode
\$660.00	1130 Avenue H E	
Expenditure from corporate funds	Arlington, TX 76011	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Push cards
Commission ONIL V if direct	Condidate/Officeholder name	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil Devine, John Supreme	ught Office held e Court Justice Place 4 Supreme Court Justice Place 4
	·	Supreme Court dustice 1 lace 4 Supreme Court dustice 1 lace 4
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Check if Austin, 1X, oniceriolder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	Light Office held
expenditure to benefit C/O		Criminal Appeals,

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 10/13	Wise County Conservatives 00085270
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.
	-	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	Date	(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	γιποαπε (Φ)	Tayou address, Sity, State, 21p Sode
	Expenditure from corporate funds	
	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
		Greek in Addatin, 178, Officer loader living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Schenck, David Court of Criminal Appeals,
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	- "	
	Expenditure from corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

nent Solicitation/Fundraising Expense
rransportation 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 c	omplete this form.			
1	Total pages Schedule F1:					iler ID	(Ethics Commission Filers)
	Sch: 4/6 Rpt: 11/13	Wise County Conservatives			0	0085270	
4	Date	5 Payee name					
_	Amount (Φ)	(see previous)	State: 7in C	ada			
6	Amount (\$)	7 Payee address; City;	State; Zip C	ode			
	Expenditure from corporate funds						
8	PURPOSE	(a) Category (See Categories listed at the top	- f 4b: b - d - l - \	(b) Description			
•	OF	(See Categories listed at the top	or this schedule)		outside	of Texas. Comp	plete Schedule T.
	EXPENDITURE			Check if Austin	, TX, of	ficeholder living	expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office so	<u> </u>		Office he	ald
•	expenditure to benefit C/O		Wise Co	· ·		Office fie	nu .
	Date	Payee name					
		(see previous)					
	Amount (\$)	Payee address; City;	State; Zip C	ode			
	- Consorditure from						
	Expenditure from corporate funds						
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	OF EXPENDITURE			ı =		of Texas. Comp ficeholder living	plete Schedule T.
					,,		
	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught		Office he	eld
	expenditure to benefit C/OI	Hoy, Kimberly	Wise Co	GOP Precinct 7 C	Chair		
	Date	Payee name					
	02/20/2024	Tri M Graphics					
	Amount (\$)	Payee address; City;	State; Zip C	ode			
	\$13,500.00	625 E Main St.					
г	Expenditure from						
<u></u>	corporate funds	Owatonna , MN 55060		i			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	nutside	of Texas Com	plete Schedule T.
	EXPENDITURE	Advertising Expense		ı <u>—</u>		ficeholder living	
				Direct mail			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	-		Office he	
	experientare to benefit C/Of	T Devine, John	Suprem	e Court Justice Pla	ice 4	Suprem	e Court Justice Place 4

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

nbursement Solicitation/Fundraising Expense
al 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 12/13	Wise County Conservatives 00085270
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to beliefit C/Oi	Parker, Gina Court Of Criminal Appeals,
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
()	
Expenditure from	
corporate funds	
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
	Crick ii Addill, 17, ullicatolida livilig experise
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	Timey, Lee
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	··

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 6/6 Rpt: 13/13	Wise County Conservatives 00085270	
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.	
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
,	expenditure to benefit C/O	and the second of the second o	
	Data		=
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
L	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense	
	Operation ONLY if allowed	One district Office health are seen as the control of the seed of	_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Mellema, Cary Sheriff District Wise County	
	•	Mellerita, Cary Sheriii District Wise County	_
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from		
	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Operation ONE V. C. F.	Overlights (Office healths are not as a constitution of the second of th	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Hoy, Kimberly Wise Co GOP Precinct 7 Chair	
		Hoy, Kimberly Wise Co GOP Precinct 7 Chair	