#### 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) 00064956 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Consumer Lenders PAC Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 8801 Ambassador Row Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75247 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. C. Dan NAME NICKNAME LAST **SUFFIX** Adams STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 8801 Ambassador Row STREET **ADDRESS** (Residence or Business) Dallas, TX 75247 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 84 Villa Road MAILING **ADDRESS** Greenville, SC 29615 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (864) 672-8400 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** 01/01/2024 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			13 Filer		(Ethics Commission Filers)
Texas Consumer Lende	ers PAC		0000	64956	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	Rep. Angie Button			
				1	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THA OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	AN	\$	0.00
	2. TOTAL POLITICA	-		\$	101 750 00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOAN	IS)	ľ	101,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	86,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE L G PERIOD	AST DAY	\$	16,077.12
OUTSTANDING LOAN TOTALS	•	MOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$	0.00
6 AFFIDAVIT	l			l	
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
			C. Dan Ada		
		Signature of	of Campaign	Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the		day
		which, witness my hand and seal of office.	,		
Signature of officer add	ministering oath	Printed name of officer administering oath	Title	of office	er administering oath

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	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. Ben Bumgarner State Rep	resentative	
	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			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Candy Noble State Repres	sentative	
	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. Charlie Geren State Repre	esentative	

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	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. Cody Harris State Represe	entative	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY		A. Supported			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(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. Cole Hefner State Represe	entative	
	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. Dade Phelan State Repres	sentative	

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			13 Filer ID	(Ethics Commission Filers)
lers PAC			00064956	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Daniel Alders State Represe	entative	
	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.)	A. Supported			
	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. David Spiller State Repres	sentative	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders		Rep. Dewayne Burns State Rep	oresentative	
	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 (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 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 (Describe by date and location of election and nature of issue.)  8. Opposed (Describe by date and location of election and nature of issue.)  8. Opposed (Describe by date and location of election and nature of issue.)	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.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  A. Supported  A. Supported  A. Supported  A. Supported  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed	lers PAC  1. Candidates (dentity by name or, if applicable, classify by parry.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identity by name or, if applicable, classify by parry.)  1. Candidates (Identity by name or, if applicable, classify by parry.)  B. Opposed  4. Supported  5. Measures (Identity by name or, if applicable, classify by parry.)  B. Opposed  5. Measures (Identity by name or, if applicable, classify by parry.)  B. Opposed  6. Supported  7. Measures (Identity by name or, if applicable, classify by parry.)  B. Opposed  7. Measures (Identity by name or, if applicable, classify by parry.)  B. Opposed  7. Candidates (Identity by name or, if applicable, classify by parry.)  8. Opposed  8. Opposed  7. Candidates (Identity by name or, if applicable, classify by parry.)  8. Opposed  8. Opposed  8. Opposed  8. Opposed  9. Opposed  9. Opposed  10. Candidates (Identity by name or, if applicable, classify by parry.)  11. Candidates (Identity by name or, if applicable, classify by parry.)  12. Measures (Describe by date and location of election and nature of issue.)  13. Office holders (Identity by name or, if applicable, classify by parry.)  14. Supported (Identity by name or, if applicable, classify by parry.)  15. Candidates (Identity by name or, if applicable, classify by parry.)  16. Opposed

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	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. Drew Darby State Represe	entative	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY		A. Supported			
	7.011711	(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			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Rep. Dustin Burrows State Rep.	resentative	
	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. Ernest Bailes State Repres	sentative	

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Consumer Lende	ers PAC			00064956	
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. Fredrick Fraizer State Rep	resentative	
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			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Gary VanDeaver State Re	presentative	
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. Greg Bonnen State Repre	sentative	
	Assisted (Identify by name or, if		Rep. Greg Bonnen State Repre	sentative	

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Consumer Lende	ers PAC			00064956	
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			
	Measures     (Describe by date and	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Hugh Shine		
COMMITTEE	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			
	Measures     (Describe by date and	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted		Rep. Jacey Jetton State Repres	entative	
	(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	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted		Rep. Janie Lopez State Represe	entative	
	(Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC				00064956	
	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				
		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. Jay Dean S	State Represent	ative	
	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				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Jeff Leach	State Represen	tative	
	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. Jill Dutton	State Represent	tative	

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	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			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Rep. John Kuempel State Re	presentative	
	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			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Rep. Keith Bell State Represe	entative	
	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. Ken King State Represe	ntative	

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	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			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Rep. Stan Kitzman State Repres	sentative	
	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. Kronda Thimesch State Re	epresentative	
	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. Lacey Hull State Represer	ntative	

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	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. Lynn Stuckey State Repre	sentative	
	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			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Matt Shaheen 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.)		Sen. Paul Bettencourt State Ser	nator	

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12 COMMITTEE I	NAME			13 Filer ID	(Ethics Commission Filers)
Texas Consu	mer Lenders PAC			00064956	
14 COMMITTEE ACTIVITY	Candidate (Identify by name applicable, classify)	or, if	Mr. Paul Dyson State Repres	sentative	
(Attach lists on paper to compl report if necess	ete this	B. Opposed			
	2. Measures (Describe by date location of election nature of issue.)				
		B. Opposed			
	Officehold Assisted     (Identify by name applicable, classify)	or, if			
COMMITTEE	1. Candidate	s A. Supported			
ACTIVITY	(Identify by name applicable, classify	or, if			
(Attach lists on paper to compl report if necess	ete this	B. Opposed			
	2. Measures (Describe by date location of election nature of issue.)				
		B. Opposed			
	3. Officehold Assisted (Identify by name applicable, classify	or, if	Rep. Reggie Smith State Re	presentative	
COMMITTEE ACTIVITY	Candidate (Identify by name applicable, classify)	s A. Supported			
(Attach lists on paper to compl report if necess	ete this	B. Opposed			
	2. Measures (Describe by date location of election nature of issue.)	A. Supported			
		B. Opposed			
	3. Officehold Assisted (Identify by name applicable, classify	or, if	Rep. Shelby Slawson State F	Representative	

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Consumer Lende	ers PAC			00064956	
	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			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Rep. Stan Gerdes State Repres	entative	
	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			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Rep. Stan Lambert State Repre	sentative	
	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. Steve Allison State Repres	sentative	

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Consumer Lenders PAC					00064956	
	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. Steve Toth State Represer	ntative	
	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			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Terry Wilson State Repres	entative	
	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.)		The Honorable Dan Patrick Lieu	itenant Governo	or

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						1 age 10 01 00
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Consumer Lenders PAC					00064956	
	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			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Rep. Travis Clardy State Repres	sentative	
	COMMITTEE	1. Candidates	A. Supported			<del>-</del>
	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.)		Rep. Trent Ashby State Represe	entative	
	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. Ellen Troxclair State Repre	esentative	

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

					17 of 33
		EE NAME nsumer Lenders PAC	<b>18</b> Filer ID 00064956	(Ethics Commi	ssion Filers)
	HEDULI		SUBTOTA	AL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	101,750.00
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	TION 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.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	86,000.00
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	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/1 Rpt: 18/33
2	FILER NAME Texas Consumer Lenders PAC		3	Filer ID (Ethics Commission Filers) 00064956	
4	Date 02/02/2024  5 Full name of contributor out-of-state PAC (ID#:) Adams, C Dan (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$43,000.00	
8	Principal occu	Greenville, SC 29615 upation / Job title (See Instructions)	9 Employer (See Instructions	     S)	
	President  Date  O2/02/2024  Full name of contributor  O2/02/2024  Brunner, Priscilla  Contributor address; City; State; Zip Code  Dayton, OH 45419			Amount of Contribution (\$) \$58,750.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions DRKE LLC	<u>I</u> S)	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/15 Rpt: 19/33	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
02/02/2024	Angie Chen Button Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 83274
Ψ500.00	1 0 500 03274
Expenditure from	D' La de la TV 75000
corporate funds	Richardson, TX 75083
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Totalean Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/02/2024	Ben Bumgarner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5150 Kensington Court
Expenditure from	
corporate funds	Flower Mound, TX 75022
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Contribution
Commission ONLY if dispose	Condidate/Office holds
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/02/2024	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1105 E Main St #223
- Evnanditura from	
Expenditure from corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
0 1: 0:::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.4.2	

### SCHEDULE F1

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/15 Rpt: 20/33	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
02/02/2024	Charlie Geren Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 1140
Expenditure from	
corporate funds	Fort Worth, TX 76101
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
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Political Contribution
	Tollical Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/02/2024	Cody Harris Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1007 N Mallard St
·	
Expenditure from corporate funds	Palestine, TX 75801
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/02/2024	Cole Hefner for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 167
, , , , , ,	
Expenditure from corporate funds	Mount Pleasant, TX 75456
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
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/15 Rpt: 21/33	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
02/02/2024	Dade Phelan Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25,000.00	PO Box 848
Expenditure from corporate funds	Nederland, TX 77627
8 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
	Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefit C/OI	'
Date	Payee name
02/02/2024	Daniel Alders For Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 8907
Expenditure from	
corporate funds	Tyler, TX 75711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>o</b>
D-4-	
Date 02/02/2024	Payee name  David Spiller for Toyon Compaign
	David Spiller for Texas Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 447
Expenditure from	
corporate funds	Jacksboro, TX 76458
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
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
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Ī	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment  Candidate Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed Committee) The Instruction Guide explains how to complete this form.			
1 Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·		
1 Total pages Schedule F1: Sch: 4/15 Rpt: 22/33	2 FILER NAME Texas Consumer Lenders PAC  3 Filer ID (Ethics Commission Filers) 00064956		
4 Date	5 Payee name		
02/02/2024	DeWayne Burns Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,500.00	703 Stonelake Drive		
Ψ1,000.00	700 Cloniciane Brive		
Expenditure from corporate funds	Cleburne, TX 76033		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution		
	Totalea Contribution		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experientare to benefit ever	•		
Date	Payee name		
02/02/2024	Drew Darby Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 3284		
Funanditura from			
Expenditure from corporate funds	San Angelo, TX 76902		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Political Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Data	Para mana		
Date 02/02/2024	Payee name Dustin Burrows Campaign		
	. •		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,500.00	PO Box 2569		
Expenditure from corporate funds	Lubbock, TX 79408		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution		
	Folitical Contribution		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	<b>y</b>		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total marca Cabadula F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 5/15 Rpt: 23/33	2 FILER NAME Texas Consumer Lenders PAC 3 Filer ID (Ethics Commission Filers) 00064956
4 Date	5 Payee name
02/02/2024	Ernest Bailes Campagin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1000 Bailes Dairy Road
Expenditure from corporate funds	Shepherd, TX 77371
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political Continuation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/02/2024	Fredrick Frazier Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	4100 Eldorado Pkwy
Expenditure from	Suite 100
corporate funds	McKinney, TX 75070
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
02/02/2024	Gary VanDeaver Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1101 Hwy 98
Ψ1,500.00	1101 Hwy 90
Expenditure from	
corporate funds	New Boston, TX 75570
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 Check if Austin, TX, officeholder living expense
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above)  complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/15 Rpt: 24/33	Texas Consumer Lenders PAC	00064956
4 Date	5 Payee name	
02/02/2024	Greg Bonnen Campaign	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Co PO Box 1183	ode
Expenditure from corporate funds	Friendswood, TX 77549	
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.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Political Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ught Office held
Date	Payee name	
02/02/2024	Jacey Jetton Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1,000.00	1723 HearthSide Ct	
Expenditure from corporate funds	Richmond, TX 77406	
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.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Political Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/Ol		ugnit Office field
Date	Payee name	
02/02/2024	Janie Lopez Campaign	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$500.00	PO Box 2073	
Expenditure from corporate funds	San Benito, TX 78586	
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.
EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/O	1	

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 7/15 Rpt: 25/33	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
02/02/2024	Jay Dean for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	3822 Holly Ridge
Expenditure from	Languiana TV 75005
corporate funds	Longview, TX 75605
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  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/02/2024	Jeff Leach Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 866186
Expenditure from	
corporate funds	Plano, TX 75086
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
	Candidate/Officeholder/Political Committee
	1 Gillical Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-</del>
Date	Payee name
02/02/2024	Jill Dutton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	411 VZCR 4503
Expenditure from	
corporate funds	Ben Wheeler, TX 75754
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Continuution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/15 Rpt: 26/33	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
02/02/2024	John Kuempel Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	523 E. Donegan #102
Expenditure from corporate funds	Seguin, TX 78155
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political Contribution
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/02/2024	Keith Bell Campaign
	. 0
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1178
Expenditure from corporate funds	Forney, TX 75126
•	The state of the s
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
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
	Candidate/Officeholder/Political Committee
	Political Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/02/2024	Ken King for State Representative
02/02/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 517
Expenditure from	Canadian, TX 79014
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 9/15 Rpt: 27/33	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
02/02/2024	Kitzman for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 553
Expenditure from	
corporate funds	Pattison, TX 77466
8 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
	Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit 6/61	
Date	Payee name
02/02/2024	Kronda Thimesch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 118978
Expenditure from corporate funds	Carrolton, TX 75011-8978
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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
	Candidate/Officeholder/Political Committee
	Total Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
02/02/2024	Lacey Hull Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77224
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
	Political Continuution
Complete CNII V if divert	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

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

Candidate/Officeholder/Politica Credit Card Payment		
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: 10/15 Rpt: 28/33	Texas Consumer Lenders PAC 00064956	
4 Date	5 Payee name	
02/02/2024	Lynn Stucky Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	PO Box 464	
·		
Expenditure from corporate funds	Denton, TX 76202	
	· · · · · · · · · · · · · · · · · · ·	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry	
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	
	Political Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
02/02/2024	Matt Shaheen Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	3917 Malton Drive	
Expenditure from		
corporate funds	Plano, TX 75025	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Political Contribution	
Commission ONII V if dispose	Condidate/Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
<u>'</u>		
Date	Payee name	
02/02/2024	Paul Bettencourt Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	1 E. Greenway Plaza	
	Ste 225	
Expenditure from corporate funds	Houston, TX 77046	
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	
	Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 11/15 Rpt: 29/33	Texas Consumer Lenders PAC 00064956		
4 Date	5 Payee name		
02/02/2024	Paul Dyson for Texas		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	4040 Hwy 6		
	Ste 300		
Expenditure from corporate funds	College Station, TX 77845		
8 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		
	Political Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
02/02/2024	Reggie Smith Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	300 N. Travis Street		
Expenditure from			
corporate funds	Sherman, TX 75090		
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		
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Political Contribution		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
experiditure to beliefit C/O			
Date	Payee name		
02/02/2024	Shelby Slawson Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	910 Old Hico Rd		
Expenditure from			
corporate funds	Stephenville, TX 76401		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	<del>1</del>		

### 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

pursement Solicitation/Fundraising Expense
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			
4 Tatal marian Calcula E1.	,		
1 Total pages Schedule F1:			
Sch: 12/15 Rpt: 30/33	Texas Consumer Lenders PAC 00064956		
4 Date	5 Payee name		
02/02/2024	Shine for Texas		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00			
\$1,000.00	P.O. Box 793		
Expenditure from			
corporate funds	Temple, TX 76503		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Political Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	<b>⊣</b>		
Date	Douge name		
	Payee name		
02/02/2024	Stan Gerdes for State Representative		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	606 Gresham Street		
Expenditure from corporate funds	Smithville, TX 78957		
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		
	Political Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	<b>o</b>		
Date	Payee name		
02/02/2024	Steve Allison Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	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 EXPENDITURE	Contributions/Donations Made By		
EXI ENDITORE	Candidate/Officeholder/Political Committee		
	Political Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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

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

nbursement 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	Il 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: 13/15 Rpt: 31/33	Texas Consumer Lenders PAC 00064956
4 Date	5 Payee name
02/02/2024	Steve Toth for State House
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	67 Chestnut Meadow Drive
	Suite 100
Expenditure from corporate funds	Conroe, TX 77384
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
	Candidate/Officeholder/Political Committee
	T Gildoai Goilaisaagii
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	'
Date	Payee name
02/02/2024	Terry Wilson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 489
Expenditure from corporate funds	Marble Falls, TX 78654
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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
	Candidate/Officeholder/Political Committee
	T Gildon Golfalisation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/02/2024	Texans for Dan Patrick
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	PO Box 685085
Expenditure from corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Folitical Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### 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 complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 14/15 Rpt: 32/33	Texas Consumer Lenders PAC 00064956	
4 Date	5 Payee name	_
02/02/2024	Texans for Stan Lambert	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1,500.00	P.O. Box #3752	
Expenditure from corporate funds	Abilnene, TX 79604	
8 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	
	Political Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Davida nama	_
02/02/2024	Payee name Travis Clardy Campaign	
	Payee address; City; State; Zip Code	
Amount (\$) \$1,000.00	209 E. Main Street	
\$1,000.00	209 E. Main Street	
Expenditure from corporate funds	Nacogdoches, TX 75961	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	Н	
Date	Payee name	_
02/02/2024	Trent Ashby Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 412	
Expenditure from corporate funds	Lufkin, TX 75902	
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	
	Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
4. Tatal manua Cabadula E4.		C Files ID (Fabine Commission Filess)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 15/15 Rpt: 33/33	Texas Consumer Lenders PAC	00064956
4 Date	5 Payee name	
02/02/2024	Troxclair for Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	701 Hwy 281	
- Cynonditure from	Suite H #196	
Expenditure from corporate funds	Marble Falls, TX 78654	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF		el outside of Texas. Complete Schedule T.
EXPENDITURE	- Contributions/Donations Made By	in, TX, officeholder living expense
	Political Cor	
O Complete ONLY if direct	Condidate/Officeholder name	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held