FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015834 3 COMMITTEE NAME **OFFICE USE ONLY Texas Sport PAC** Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 5943 Change of Address Austin, TX 78763 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Patrick M. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Cowles CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1211 Weeping Willow STREET **ADDRESS** (Residence or Business) San Antonio, TX 78232 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1211 Weeping Willow MAILING **ADDRESS** Change of Address San Antonio, TX 78232 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (210) 859-1306 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME Texas Sport PAC			13 Filer 0001	ID (Ethics Commission Filers) .5834
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Dade Phelan State Re		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M	N	\$ 0.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES		\$ 7,000.00
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00
6 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of true and correct and includes all i under Title 15, Election Code.	of perjury, tha information re	at the accompanying report is equired to be reported by me
		Mr. Pa	atrick M. Cov	wles
			f Campaign	
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said		, this the	day
		which, witness my hand and seal of office.		·
Cignoture of officers	administarias sath	Drinted name of officer administration and	T:A -	of officer administaving anth
Signature of officer a	auministening oath	Printed name of officer administering oath	ııtıe	of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

							Page 3 of 6
12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Texas Sport PAC						00015834	(Lunes Commission Filers)
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Trent	Ashby Sta	te Represer		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Justin	Holland S	itate Repres	sentative	
(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					
	Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						
	(Identify by name or, if applicable, classify by party.)						

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			4 of 6
17 COMMITTEE N Texas Sport F		18 Filer ID 00015834	(Ethics Commission Filers)
19 SCHEDULE SUNAME OF SCH			SUBTOTAL AMOUNT
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2. SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$
	CHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABORGANIZATION)R	\$
	CHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ABOR ORGANIZATION	ATION OR	\$
6. SC	CHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
	CHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR RGANIZATION		\$
8. SC	CHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SC	CHEDULE E: LOANS		\$
10. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 7,000.00
11. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 5.00
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR STATE OF THE PROPERTY OF T	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/6	Texas Sport PAC 00015834
4 Date	5 Payee name
02/20/2024	Ashby, Trent (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 412
Expenditure from corporate funds	Lufkin, TX 75902
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
	Contribution to Texans For Trent Ashby
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/15/2024	Holland, Justin (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3021 Ridge Road, Ste. A, Box 79
\$1,000.00	SUZI Riuge Rudu, Sie. A, Bux 19
Expenditure from	
corporate funds	Rockwall, TX 75032
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
	Contribution to Justin Holland Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/23/2024	Phelan, Dade (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 848
— Forestelliture from	
Expenditure from corporate funds	Nederland, TX 77627
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
	Contribution to Dade Phelan Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form.						SCHEDULE	
							otal pages Schedule I: ch: 1/1 Rpt: 6/6
4 Da	ate 1/31/2024	5	Payee name Frost Bank	•			
6 Ar	mount (\$) 5.00	7	Payee Address; City; State; Zip P.O. Box 1600				
	xpenditure from orporate funds		San Antonio , TX 78926				
8 E	PURPOSE OF XPENDITURE	(a)	Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (S) Monthly Bank			arding type of information required.)