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) 00088500 3 COMMITTEE NAME **OFFICE USE ONLY** Secure Our Border Now Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 341016 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78734 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Kevin NAME NICKNAME LAST **SUFFIX** Stewart STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 807 Brrazos Street STREET **ADDRESS** Suite 401 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 807 Brrazos Street MAILING **ADDRESS** Suite 401 Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 698-8908 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Secure Our Border Nov	N		00088500	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jill Dutton State Representativ	re	
(Attach lists on plain	applicable, diassily by party.)			
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	955,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	737,519.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	217,481.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Kevi	n Stewart	
		Signature of Cal	mpaign Treasui	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said _	, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	eer administering oath

FORM GPAC ADDENDUM

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							rage 3 01 20
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Secure Our Border Now					00088500	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Cole Hefne	State Representati	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
		2. Measures	A. Support	ed			
		(Describe by date and location of election and nature of issue.)					
			B. Oppose	d			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates		ed Paul Dycon	State Representativ	10	
	ACTIVITY	(Identify by name or, if		cu Faui Dysoii	State Representativ	/ C	
		applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
		Measures (Describe by date and location of election and	A. Support	ed			
		nature of issue.)	D. Onnoco				
			B. Oppose	a			
		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 Stan Gerde	s State Representat	ive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
		2. Measures	A. Support	ed			
		(Describe by date and location of election and nature of issue.)					
			B. Oppose	d			
		Officeholders Assisted (Identify by name or, if)					
		applicable, classify by party.)					

FORM GPAC ADDENDUM

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Secure Our Border Now	1				00088500	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ellen Troxclair State Re	presenta	ative	
	(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.)					
	COMMITTEE	1. Candidates	A. Supported	Terry Wilson State Repr	resentati	ve.	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Terry Wilson State Repr	Cocinal	••	
	(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.)	A. Supported	Jacey Jetton State Repr	resentati	ve	
	(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.)					

FORM GPAC ADDENDUM

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COMMITTEE NAME					(Ethics Commission Filers)
Secure Our Border Now	1			00088500	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jeff Bauknight State Representa	ative	
(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.)	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.)		Hatch Smith State Representation	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Pat Curry State Representative		
(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.)				
	applicable, classify by party.)				

FORM GPAC **ADDENDUM**

						Page 6 of 28
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Secure Our Border Now					00088500	
ACTIVITY (Identify applical	fy by name or, if able, classify by party.)		Frederick Fraz	ier		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Descri	leasures ibe by date and n of election and of issue.)	A. Supported				
		B. Opposed				
As (Identifi	officeholders ssisted fy by name or, if able, classify by party.)					
ACTIVITY (Identify	andidates fy by name or, if able, classify by party.)	A. Supported	Reggie Smith	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Descri	ribe by date and n of election and of issue.)	A. Supported				
		B. Opposed				
As (Identify	officeholders ssisted fy by name or, if able, classify by party.)					
ACTIVITY (Identify	fandidates fy by name or, if able, classify by party.)	A. Supported	Lynn Stucky S	State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)	-	B. Opposed				
(Descri	leasures ibe by date and n of election and of issue.)	A. Supported				
		B. Opposed				
As (Identify	officeholders ssisted fy by name or, if able, classify by party.)					
1						

FORM GPAC ADDENDUM

						Page 7 of 28
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Secure Our Border Now	ı				00088500	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kronda Thimes	sch		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Matt Shaheen			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jeff Leach Sta	te Representative	9	
(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.)					

FORM GPAC ADDENDUM

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						1 ago o o: 20
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Secure Our Border Now					00088500	
ACTIVITY (Ide	Candidates entify by name or, if plicable, classify by party.)	A. Supported	David Spiller	State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(De loc	Measures escribe by date and ation of election and ture of issue.)	A. Supported				
		B. Opposed				
(Ide	Officeholders Assisted entify by name or, if plicable, classify by party.)					
COMMITTEE 1.	Candidates	A. Supported	Stan Kitzman	State Representat	tive	
ACTIVITY (Ide	entify by name or, if plicable, classify by party.)	7. Capportoa	Stari Nitzirian	State Representati	uve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(De loc	Measures escribe by date and ation of election and ture of issue.)	A. Supported				
		B. Opposed				
(Ide	Officeholders Assisted entify by name or, if plicable, classify by party.)					
COMMITTEE 1.		A. Supported	Candy Noble	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(De loc	Measures escribe by date and ation of election and ture of issue.)	A. Supported				
		B. Opposed				
(Ide	Officeholders Assisted entify by name or, if plicable, classify by party.)					
•	•					

FORM GPAC ADDENDUM

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				age o or Lo
12 COMMITTEE NAME			13 Filer ID (Ethics Com	mission Filers)
Secure Our Border Now			00088500	
14 COMMITTEE 1. Candid (Identify by na applicable, cla		Stephanie Klick State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measu (Describe by location of ele nature of issu	date and ction and			
	B. Opposed			
3. Officeh Assiste (Identify by na applicable, cla	d			
COMMITTEE 1. Candid	ates A Supported	Steve Allison State Representat	NO.	
ACTIVITY (Identify by na	•	Steve Allison State Representat	ve	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measu (Describe by location of ele nature of issu	date and ction and			
	B. Opposed			
3. Officer Assiste (Identify by na applicable, cle	d			
COMMITTEE 1. Candid ACTIVITY (Identify by na	ates A. Supported	Briscoe Cain State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measu (Describe by location of ele nature of issu	date and ction and			
	B. Opposed			
Officel Assiste (Identify by na applicable, classificable)	d			
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FORM GPAC **ADDENDUM**

					Page 10 01 28
			:		(Ethics Commission Filers)
V				00088500	
1. Candidates (Identify by name or, if applicable, classify by party.)		Mano DeAyala State F	Representa	tive	
	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.)					
 		Lacev Hull State Repr	resentative		
		_acc, name class resp.			
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted					
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.) 3. Officeholders Assisted (Identify by name or, if	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.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed	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 Lacey Hull State Rep B. Opposed A. Supported A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 3. Opposed 3. Opposed	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 A. Supported B. Opposed A. Supported J. Candidates (Identify by name or, if applicable, classify by party.) A. Supported J. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported J. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed J. Measures (Describe by date and location of election and nature of issue.) B. Opposed J. Officeholders Assisted (Identify by name or, if application 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 A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed A. Supported B. Opposed B. Opposed

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

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		EE NAME ur Border Now	18 Filer ID 00088500	(Ethics	s Commission Filers)
19 SCH NAM	IEDULE	S	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	955,000.00
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 CORPORALABOR 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 (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	737,519.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONT	rributio	NS		SCHEDULE A1
	The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 12/28
2	FILER NAME Secure Our	Border Now			3	Filer ID (Ethics Commission Filers) 00088500
4	Date 02/13/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$) \$477,500.00
8	Principal occu	Austin, TX 78763 pation / Job title (See Instructions)		9 Employer (See Instructions	 - s)	
	Date Full name of contributor out-of-state PAC (ID#:) Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code					Amount of Contribution (\$) \$477,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	

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

Credit Card Payment	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/16 Rpt: 13/28	Secure Our Border Now	00088500
4 Date	5 Payee name	
02/23/2024	Arena Mail and Digital	
6 Amount (\$) \$233,269.00	1260 E Stringham Ave	Zip Code
Expenditure from corporate funds	Suite 400 Salt Lake City, UT 84106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Mailers
Complete ONLY if direct expenditure to benefit C/OF		ce sought Office held te Representative District 128 State Representative District
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State;	Zip Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		ce sought Office held te Representative District 138 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ce sought Office held te Representative District 05 State Representative District 05

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guid	le explains how to complete this for	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 2/16 Rpt: 14/28	Secure Our Border Now		00088500	
4 Date	5 Payee name		•	
	(see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from				
corporate funds				
8 PURPOSE OF	(a) Category (See Categories listed at the t			overlate Calculute T
EXPENDITURE			if travel outside of Texas. Co if Austin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office h	
experiorure to beriefit C/O	H Klick, Stephanie	State Representative	District 91 State I	Representative District 91
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 t	· · · · · · · · · · · · · · · · · · ·		mploto Sobodulo T
EXPENDITURE		-	if travel outside of Texas. Co if Austin, TX, officeholder livi	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office I	
experiordire to belieff C/O	Frazier, Frederick	State Representative	District 61 State I	Representative District 61
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 t			mulata Cabadula T
EXPENDITURE			if travel outside of Texas. Co if Austin, TX, officeholder livi	
		-		
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office I	
expenditure to benefit C/OI	H Jetton, Jacey	State Representative	District 26 State I	Representative District 26

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide	e explains how to	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/16 Rpt: 15/28		Secure Our Border Now				00088500		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip (Code				
Г	Expenditure from								
<u></u>	corporate funds	_			· ·				
8	PURPOSE OF	(a)	Category (See Categories listed at the t	top of this schedule)	(b) Description	l nutsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE				1 =		officeholder living		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office so		riot (Office he		triot CC
	·	_	Shaheen, Matt	State R	Representative Dist	nct	oo State R	epresentative Dis	SUICU OO
	Date		Payee name						
	Amount (\$)	\vdash	(see previous)	State; Zip (Codo				
	Amount (\$)		Payee address; City;	State, Zip (Code				
	Expenditure from corporate funds								
	PURPOSE OF	(a)	Category (See Categories listed at the t	top of this schedule)	(b) Description				
	EXPENDITURE						de of Texas. Com officeholder living		
					-				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	9		Office he		
	experientare to benefit of or	''' L	_each, Jeff 	State R	Representative Dist	rict	67 State R	epresentative Dis	trict 67
	Date		Payee name						
			(see previous)						
	Amount (\$)		Payee address; City;	State; Zip (Code				
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the t	top of this schedule)	(b) Description				
	OF EXPENDITURE				I <u>—</u>		de of Texas. Com officeholder living		
					Check ii Austi	11, 17,	officeriolder living	схрепас	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ought		Office he	eld	
	expenditure to benefit C/O		Noble, Candy	State R	Representative Dist	rict	89 State R	epresentative Dis	trict 89

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

	Credit Card Payment	The Instruction Guide explains how to con	mplete this form.				
1	Total pages Schedule F1: Sch: 4/16 Rpt: 16/28	2 FILER NAME Secure Our Border Now			er ID 088500	(Ethics Commission Fil	ers)
4	Date	5 Payee name (see previous)					
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de				
	Expenditure from corporate funds						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel o			olete Schedule T. expense	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H Thimesch, Kronda State Rep	ght presentative Distri	ct 65	Office he State Re	eld epresentative Distri	ict 65
	Date	Payee name (see previous)					
	Amount (\$)	Payee address; City; State; Zip Coo	de				
L	corporate funds						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel o			olete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H DeAyala, Mano State Rep		ct 133	Office he State Re	eld epresentative Distri	ict
	Date	Payee name (see previous)					
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Coo	de				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel o			olete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H Allison, Steve State Rep		ct 121	Office he State Re	eld epresentative Distri	ict

SCHEDULE F1

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

Event Expense Loan repayment Fees Office Overhead/f Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Prant Services Salaries/Magns/C

Candidate/Officenoider/Politica Credit Card Payment		salaries/wages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 17/28	Secure Our Border Now		00088500
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 t	· • -	
OF EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			3.7.
			000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Kitzman, Stan	Office sought State Representative Dist	Office held rict 85 State Representative District 85
Data			
Date	Payee name		
A (A)	(see previous)	0	
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of t	this schedule) (b) Description	
OF EXPENDITURE			l outside of Texas. Complete Schedule T.
		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dist	
	Dutton, om	State Representative Dist	That of State Representative District of
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 t	this schedule) (b) Description	
OF EXPENDITURE	() (Constant and the	· · · · · · · · · · · · · · · · · · ·	I outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experience to belief 6/01	¬ Stucky, Lynn	State Representative Dist	rict 64 State Representative District 64

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 6/16 Rpt: 18/28	2 FILER NAME Secure Our Border Now	3 Filer ID (Ethics Commission Filers) 00088500
4	Date	5 Payee name (see previous)	•
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Smith, Reggie State Representative Dist	Office held trict 62 State Representative District 62
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	l — — — — — — — — — — — — — — — — — — —	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Bauknight, Jeff State Representative Dist	Office held trict 30 State Representative District 30
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	│	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Gerdes, Stan State Representative Dist	Office held trict 17 State Representative District 17

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment		salaries/wages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 7/16 Rpt: 19/28	Secure Our Border Now		00088500
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 t	this schedule) (b) Description	
OF EXPENDITURE			l outside of Texas. Complete Schedule T.
		Crieck ii Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dist	
Data			
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 t	this schedule) (b) Description	
OF EXPENDITURE	2 (()))	· I —	l outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	¹ Spiller, David	State Representative Dist	rict 68 State Representative District 68
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
(*)	, ,,,	, ,	
Expenditure from			
corporate funds		T	
PURPOSE OF	(a) Category (See Categories listed at the top of t		Louteide of Tours Countlete Coleadyle T
EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			n, m, emechaci ming expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dist	
		State : top. ooontaative Blot	Ciaco Representativo Biotriot de

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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule F1: Sch: 8/16 Rpt: 20/28	2 FILER NAME Secure Our Border Now	3 Filer ID (Ethics Commission Filers) 00088500
4 Date	5 Payee name (see previous)	I
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		sought Office held Representative District 20 State Representative District 20
Date 02/21/2024	Payee name Barrel Placements	
Amount (\$) \$504,250.00	Payee address; City; State; Zip P.O. Box 811	Code
Expenditure from corporate funds	Alexandria, VA 22313	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Digital Placement
Complete ONLY if direct expenditure to benefit C/O		sought Office held Representative District 121 State Representative District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		sought Office held Representative District HD State Representative District HD

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guid		Wages/Contract Labor	OTHER (e	of District inter a category not listed above)
			ac explains now to e	ompiete tina form.		(=1)
1 Total pages Schedule F1:	l				3 Filer ID	(Ethics Commission Filers)
Sch: 9/16 Rpt: 21/28	Secure Our	Border Now			000885	00
4 Date	5 Payee name					
	(see previo	us)				
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode		
(1)	.,	,,	, ,			
Expenditure from						
corporate funds						
8 PURPOSE OF	(a) Category (S	ee Categories listed at the	top of this schedule)	(b) Description		
EXPENDITURE						Complete Schedule T.
				Check if Austin	, TX, officeholder	riving expense
				<u> </u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	ceholder name	Office so	0		ce held
	□ Gerdes, Star	1	State Re	presentative Distr	ici 17 Siai	te Representative District 17
Date	Payee name					
	(see previo	us)				
Amount (\$)	Payee addre	ss; City;	State; Zip C	ode		
Expenditure from corporate funds						
·	, ,			Iax		
PURPOSE OF	(a) Category (S	ee Categories listed at the	top of this schedule)	(b) Description	outside of Toyon	. Complete Schedule T.
EXPENDITURE				. 	, TX, officeholder	
Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ıaht	Offic	ce held
expenditure to benefit C/O				•		te Representative District 61
_	<u> </u>			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Date	Payee name					
	(see previo	us)				
Amount (\$)	Payee addre	ss; City;	State; Zip C	ode		
- "						
Expenditure from corporate funds						
PURPOSE	(a) Category (S	a Catagoria listed at the	top of this pobodule)	(b) Description		
OF	(a) Category (S	ee Categories listed at the	top of triis scriedule)	l	outside of Texas.	. Complete Schedule T.
EXPENDITURE				Check if Austin	, TX, officeholder	living expense
Complete ONLY if direct		ceholder name	Office so	ught	Offic	ce held
expenditure to benefit C/O	H Jetton, Jacey	/	State Re	epresentative Distr	ict 26 Stat	te Representative District 26

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

	Credit Card Payment	The Instruction Guide explains how t	to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 10/16 Rpt: 22/28	Secure Our Border Now		00088500	
4	Date	5 Payee name (see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip	Code		
	Expenditure from corporate funds				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel	outside of Texas. Con , TX, officeholder livin	
9	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office h	eld
	expenditure to benefit C/Oh	1	Representative Distr		Representative District 85
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zip	Code		
	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel	outside of Texas. Con , TX, officeholder livin	
	Complete ONLY if direct		sought	Office h	
	expenditure to benefit C/OF	H Klick, Stephanie State	Representative Distr	ict 91 State F	Representative District 91
	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)			
	EXPENDITURE			outside of Texas. Con , TX, officeholder livin	
	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office h	eld
	expenditure to benefit C/O		Representative Distr		Representative District 67

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi 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

Repayment/Reimbursement
e Overhead/Rental Expense
g Expense
g Expense
ting Expense
ting Expense
ties/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in 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 Commi	ssion Filers)
Sch: 11/16 Rpt: 23/28	Secure Our Border Now	00088500	
4 Date	5 Payee name	·	
	(see previous)		
6 Amount (\$)	7 Payee address; City; State	; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this so	′ I — '	
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Griedk if Austria, 174, Griedrichter in Hing experise	
9 Complete ONLY if direct		Office sought Office held	
expenditure to benefit C/O	H Noble, Candy	State Representative District 89 State Representative	e District 89
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 so	nedule) (b) Description	
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Crieck ii Austiri, 17, uniceriolider liviling experise	
Complete ONLY if direct		Office sought Office held	
expenditure to benefit C/O	¹ Shaheen, Matt	State Representative District 66 State Representative	e District 66
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State	; Zip Code	
Evponditure from			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this so	nedule) (b) Description	
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name		
expenditure to benefit C/OI	į.	State Representative District 64 State Representative	e District 64

SCHEDULE F1

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

Fees Office Overhead/Rental Expens
Food/Beverage Expense Fitt/Awards/Memorials Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 12/16 Rpt: 24/28	Secure Our Border Now		00088500
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s	′ I — '	
EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
			, ,
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[⊣] Troxclair, Ellen	State Representative Distr	ict 19 State Representative District 19
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this		
EXPENDITURE		 	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	¹ Smith, Reggie	State Representative Distr	ict 62 State Representative District 62
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this s	·	
OF EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Crieck ii Austini	, 175, omocitorium inting expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	[†] Spiller, David	State Representative Distr	ict 68 State Representative District 68
<u> </u>			

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

	Credit Card Payment	The Instruction Guide ex	plains how to complete this form		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 13/16 Rpt: 25/28	Secure Our Border Now		00088500	
4	Date	5 Payee name		•	
		(see previous)			
6	Amount (\$)	7 Payee address; City;	State; Zip Code		
_	T Expenditure from				
╚	corporate funds				
8	PURPOSE OF	(a) Category (See Categories listed at the top of	, I — :		
	EXPENDITURE		· · ·	ravel outside of Texas. Co Austin, TX, officeholder livi	·
				tustiii, 174, omeenoidei iivii	ing expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office I	neld
	expenditure to benefit C/OF	¹ Wilson, Terry	State Representative D	District 20 State	Representative District 20
	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	n	
	OF EXPENDITURE	· ·	Check if t	ravel outside of Texas. Co	
	EXI ENDITORE		Check if A	Austin, TX, officeholder livi	ng expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office I	neld
	expenditure to benefit C/O		State Representative D		
-	Date	Payee name	<u> </u>		•
	Dute	(see previous)			
	Amount (\$)	Payee address; City;	State; Zip Code		
	Αποαπί (Φ)	rayee address, City,	State, Zip Code		
Г	Expenditure from corporate funds				
	PURPOSE	(6) Onto 100	(b) December		
	OF	(a) Category (See Categories listed at the top of	· I	n ravel outside of Texas. Co	mplete Schedule T.
	EXPENDITURE			Austin, TX, officeholder livi	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office I	
	experiorare to benefit C/Of	Hefner, Cole	State Representative D	District 5 State	Representative District 5

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to c	Complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 14/16 Rpt: 26/28	Secure Our Border Now	00088500			
4 Date	5 Payee name				
	(see previous)				
6 Amount (\$)	7 Payee address; City; State; Zip C	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 so	ought Office held			
expenditure to benefit C/OI	1	epresentative District 138 State Representative District			
Date	Pausa nama				
Dale	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip C	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)	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 so	Dught Office held			
expenditure to benefit C/OI		epresentative District 65 State Representative District 65			
		oprocentative Biotilet de Otate Representative Biotilet de			
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip C	Code			
Expenditure from corporate funds					
		Î			
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			
		Crieck if Austin, 17, uniceriolider living expense			
	0 111 105 111	0.00			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so				
Expenditure to benefit C/OH Bauknight, Jeff State Representative District 30					

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Co	mmittee	Legal Se The In		ıide explains			/Contract Lab			OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	E						3		Filer ID	(Ethics Commission Filer	s)
	Sch: 15/16 Rpt: 27/28		Secure Our		er Now						(00088500		
4	Date	5	Payee name											
			(see previo	us)										
6	Amount (\$)	7	Payee addre	ess;	City;	State	; Zip (Code						
	Expenditure from corporate funds													
8	PURPOSE	(a)	Category (S	ee Cateri	ories listed at th	ne ton of this sch	nadula)	(b)	Description	on				
	OF	<u> </u> `	(5	ice careg	ones listed at ti	ic top of this sci	icuaic)	`			sid	e of Texas. Com	plete Schedule T.	
	EXPENDITURE								Check if	f Austin, TX	Χ, α	officeholder living	expense	
9	Complete ONLY if direct		Candidate/Off	icehold	er name	(Office so	ought				Office he	eld	
	expenditure to benefit C/OI	Н	Dutton, Jill			(State R	epres	entative	District	0	2 State R	epresentative District	02
	Date	Г	Payee name											
			(see previo											
	A (A)	L		-	0		-							
	Amount (\$)		Payee addre	ess;	City;	State	; Zip (Sode						
_	T Expenditure from													
L	corporate funds													
	PURPOSE	(a)	Category (S	ee Caten	ories listed at th	ne top of this sch	nedule)	(b)	Description	on				
	OF		<i>o</i> , (<i>o</i>	oo oatog	oneo netou at a	.o top or time oor	1044.0)		_		sid	e of Texas. Comp	olete Schedule T.	
	EXPENDITURE								Check if	f Austin, TX	Χ, α	officeholder living	expense	
	Complete ONLY if direct		Candidate/Offi	icehold	er name	(Office so	ought				Office he	eld	
expenditure to benefit C/OH Smith, Hatch				1			State R	epres	entative	District	: 5	3		
	Date	Π	Payee name											
			(see previo											
	A (A)	L		,	0		 :	<u> </u>						
	Amount (\$)		Payee addre	ess;	City;	State	; Zip (Joae						
_	T Expenditure from													
	corporate funds													
	PURPOSE	(a)	Category (S	ee Caten	ories listed at th	ne top of this sch	nedule)	(b)	Description	on				
	OF EXPENDITURE		(-				,		Check if	f travel outs	sid	e of Texas. Comp	olete Schedule T.	
	EXPENDITURE								Check if	f Austin, TX	Χ, α	officeholder living	expense	
								\perp						
	Complete ONLY if direct		Candidate/Off	icehold	er name	(Office so	ought				Office he	eld	
	expenditure to benefit C/OH Curry, Pat State Representative District 56													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense 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	d Committee Legal Services		ravel Out of District DTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 F	iler ID (Ethics Commission Filers)
Sch: 16/16 Rpt: 28/28	Secure Our Border Now		0088500
4 Date	5 Payee name	I	
4 Build	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
·	(a) a	(h) 5	
8 PURPOSE OF	(a) Category (See Categories listed at the top of t	·	of Toyon, Complete Schodule T
EXPENDITURE			of Texas. Complete Schedule T. ficeholder living expense
		Greek ii Austin, 1X, or	incertolider living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name	Office sought	Office held
experialitate to belieff of of	H Dyson, Paul	State Representative District 14	Į.