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) 00068390 3 COMMITTEE NAME **OFFICE USE ONLY** Lone Star Project Nonfederal Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6 E Street SE Date Hand-delivered or Date Postmarked Change of Address Washington, DC 20003 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Matthew NAME NICKNAME LAST **SUFFIX** Angle STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6 E Street SE STREET **ADDRESS** (Residence or Business) Washington, DC 20003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6 E Street SE MAILING **ADDRESS** Washington, DC 20003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 547-7610 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 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)
Lone Star Project No	nfederal		00068390	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Roderick Miles Tarrant County	y Commission	er
(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	1 TOTAL LINITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN	I	
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	770.00
	\$	310,745.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	\$	597.09	
	4. TOTAL POLITICA	AL EXPENDITURES	\$	292,342.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	15,965.44
OUTSTANDING LOAN TOTALS	l l	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Matt	hew Angle	
		-	mpaign Treasur	<u> </u>
AFFIX NOTAF	RY STAMP / SEAL ABOVE	Ç		
Sworn to and subscrib	ed before me. by the said	,t	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 40

							1 age 6 61 16
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Lone Star Project Nonfe	ederal				00068390	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kristian Carranza	State Represe	entative	
	(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	1. Candidates	A. Supported	Averie Bishop Sta	ate Representa	tive.	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		, wone Bionop Gu	no reprosonia		
	(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	Patrick Moses Ta	rrant County S	heriff	
	(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.)					
		1	l				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPUSE						Page 4 of 40
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Lone Star Project Nont	federal				00068390	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Aicha Davis	State Represer	ntative	
(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.)					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				J V L I ()	5 of 40
l		EE NAME Project Nonfederal	18 Filer ID 00068390	(Ethics C	ommission Filers)
l		E SUBTOTALS SCHEDULE		SUE	STOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	280,745.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	30,000.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.		\$			
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 CONTRIBUTION:	5	\$	292,342.26
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 TO FILER	RETURNED	\$	
I					

	MONET	ARY POLITICAL CO	S		SCHEDULI	E A1	
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 6/40	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	n Filers)
4	Date 05/02/2024	6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu Not Employe	Fort Worth, TX 76109 pation / Job title (See Instructions) d		Employer (See Instructions Not Employed)		
	Date 05/30/2024	Full name of contributor Adrian Garcia for Harris Contributor address; City; State Houston, TX 77256	out-of-state PAC (ID#: unty			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/30/2024	Full name of contributor Aldous Walker LLP Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$) \$.	10,000.00
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/23/2024	Full name of contributor Amberg, Stephen Contributor address; City; State San Antonio, TX 78209	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions University of Texas)		
	Date 04/21/2024	Full name of contributor Angle, Matt Contributor address; City; State Fort Worth, TX 76109	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed)		
			•				

	MONET	ARY POLITICAL CO		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 7/40	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	n Filers)
4	Date 05/19/2024	 5 Full name of contributor on Ball, Sabrina 6 Contributor address; City; State; Z 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Dringing agg	Fort Worth, TX 76110	lo.	Employer (See Instructions			
0	Not Employe	pation / Job title (See Instructions) ed		Not Employed)		
	Date 03/19/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$5.00
	Dringing age	Austin, TX 78757	İ	Employer (Coo Instructions			
	Principal occupation / Job title (See Instructions) Author			Employer (See Instructions Self-Employed)		
	Date 04/21/2024	Full name of contributor on Barton, Chris Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78757					
	Principal occu Author	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed)		
	Date 05/19/2024	Full name of contributor of Barton, Chris Contributor address; City; State; Z Austin, TX 78757	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Author	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed)		
	Date 06/23/2024	Full name of contributor on Barton, Chris Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Author	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed)		

	MONET	ARY POLITICAL COI		SCHEDUL	E A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 8/40	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	on Filers)
4	Date 05/15/2024	Beverly Powell Campaign	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
		Fort Worth, TX 76101					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 05/12/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Dringing agg	San Antonio, TX 78210 pation / Job title (See Instructions)		Employer (See Instructions			
	Software developer			Wolfram Research)		
	Date 06/09/2024				Amount of Contribution (\$)	\$2,500.00	
		Dallas, TX 75208					
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions On-Target)		
	Date Full name of contributor out-of-state PAC (ID#: 03/05/2024 Boehme, Paula Contributor address; City; State; Zip Code Arlington, TX 76016				Amount of Contribution (\$)	\$10.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 04/07/2024	Full name of contributor Contributor Contributor address; City; State; 2 Arlington, TX 76016	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			ı				

	MONET	ARY POLITICAL C	IS		SCHEDUI	E A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 9/40	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	on Filers)
4	Date 05/02/2024	5 Full name of contributor Boehme, Paula6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	Dringing! aggr	Arlington, TX 76016	. Io	Employer (Coo Instructions	<u></u>		
8	Not Employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	5)		
	Date 06/02/2024	Full name of contributor Boehme, Paula Contributor address; City; Sta				Amount of Contribution (\$)	\$10.00
	Dringinal occur	Arlington, TX 76016 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Not Employe			Not Employed)		
	Date 04/01/2024	Full name of contributor Boone, Cecilia Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25,000.00
	Dringing! aggr	Dallas, TX 75219		Employer (Coo Instructions	<u></u>		
	Philanthropis	pation / Job title (See Instructions) st		Employer (See Instructions Self-Employed	•)		
Date O5/12/2024 Boyd, Roxanne Contributor address; City; State; Zip Code Fort Worth, TX 76107)		Amount of Contribution (\$)	\$500.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor \(\times\) out-of-state PAC (ID#: C00099234 \\ 06/25/2024 Brotherhood of Locomotive Engineers & Trainmen PAC \\ Contributor address; City; State; Zip Code \\ Independence, OH 44131				Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL C	S		SCHEDUL	_E A1		
	The Instru	ction Guide explains how	to complete this fo	orn	1.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 10/40	
2	FILER NAME Lone Star Pr	roject Nonfederal				3	Filer ID (Ethics Commission 00068390	on Filers)
4	Date 05/02/2024	5 Full name of contributor Bruder, Rebecca6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00
L		Dallas, TX 75209		_				
8	Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Not Employed	5)		
	Date 03/04/2024	Full name of contributor CWA-COPE PCC Contributor address; City; St Washington, DC 20001	x out-of-state PAC (ID#: C	C000	002089		Amount of Contribution (\$)	\$25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:) Casstevens, Kay Contributor address; City; State; Zip Code Washington, DC 20007					Amount of Contribution (\$)	\$1,000.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 04/01/2024	Full name of contributor Cunningham, Aimee Contributor address; City; St Austin, TX 78733	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$10,000.00
	Principal occu Not Employe	pation / Job title (See Instructionsed)		Employer (See Instructions Not Employed	5)		
	Date 03/12/2024	Full name of contributor Denson, Patricia Contributor address; City; St houston, TX 77098	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructionsed)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CO		SCHEDUI	E A1		
	The Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 11/40	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	on Filers)
4	Date 04/14/2024	5 Full name of contributor Denson, Patricia6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Dringing agg	houston, TX 77098	I ₀	Employer (Coo Instructions			
8	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 05/12/2024	Full name of contributor Denson, Patricia Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	houston, TX 77098 pation / Job title (See Instructions)		Employer (See Instructions			
	Not Employed			Not Employed	,		
	Date 06/09/2024	Full name of contributor Denson, patricia Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		houston, TX 77098					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 05/01/2024	Full name of contributor Dewar, Claire Contributor address; City; Stat Dallas, TX 75209	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/02/2024	Full name of contributor Eason, Patty Contributor address; City; Stat Georgetown, TX 78626	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 12/40		
2	FILER NAME Lone Star Pr	roject Nonfederal		3	Filer ID (Ethics Commission 00068390	on Filers)	
4	Date 05/15/2024	 Full name of contributor out-of-state PAC (ID#:_ Elizabeth for Texas Campaign Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00	
_	Drivering	Fort Worth, TX 76110	D. Farakara (Carakaratian				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ Evans, Steffanie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Dringinal occu	Dallas, TX 75205	Employer (See Instructions				
	Interior Desi	pation / Job title (See Instructions) gner	Rutherford's Design) 			
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ Fikes, Amy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00	
		Dallas, TX 75205					
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)			
	Date 04/08/2024	Full name of contributor out-of-state PAC (ID#:_ First Tuesday PAC Contributor address; City; State; Zip Code Houston, TX 77006)		Amount of Contribution (\$)	\$50,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 05/15/2024	Full name of contributor X out-of-state PAC (ID#:_ International Brotherhood of Electrical Workers Contributor address; City; State; Zip Code Washington, DC 20001			Amount of Contribution (\$)	\$25,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL C	NS		SCHEDU	LE A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 13/40	
2	FILER NAME Lone Star Pr	roject Nonfederal			3	Filer ID (Ethics Commiss 00068390	ion Filers)
4	Date 04/29/2024	5 Full name of contributorJim Turner for Congress (6 Contributor address; City; St			7	Amount of Contribution (\$)	\$10,000.00
		Crockett, TX 75635					
8	Principal occu	pation / Job title (See Instructions) [9	Employer (See Instructions	5)		
	Date 05/19/2024	Full name of contributor Kirk, Ronald Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Delicalis al access	Dallas, TX 75214	, T	Evelver (One leatherties	<u></u>		
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Gibson Dunn	5)		
	Date 04/21/2024	Full name of contributor out-of-state PAC (ID#:) Kleinman, Betsy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75230	,		<u></u>		
	Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	5)		
	Date 05/12/2024	Full name of contributor Klion, Howard Contributor address; City; St Dallas, TX 75225	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	5)		
	Date 04/19/2024	Full name of contributor Kraus, Peter Contributor address; City; St Dallas, TX 75209	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Waters & Kraus	s)		
			L				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE A1	
	The Instru	he Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 9/11 Rpt: 14/40	
2	FILER NAME Lone Star Pr	roject Nonfederal			3	Filer ID (Ethics Commiss 00068390	ion Filers)
4	Date 05/01/2024				7	Amount of Contribution (\$)	\$10,000.00
8	Principal occur	Dallas, TX 75201 upation / Job title (See Instructions)	<u>, </u>	9 Employer (See Instructions			
6	Not Employe			Not Employed	5 <i>)</i>		
	Date 06/09/2024	Full name of contributor McKeithen, Polly Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75220 upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	e) 		
	Administrato		, 	HPISD			
	Date Full name of contributor out-of-state PAC (ID#:) 04/29/2024 Metni, Alan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10,000.00		
	Austin, TX 78730 Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u></u>		
	Inventor	pation / Job title (See Instructions)	<u>'</u>	Self-Employed	s) 		
	Date O6/02/2024 Full name of contributor Out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00	
	Principal occu Not Employe	upation / Job title (See Instructions) ed)	Employer (See Instructions Not Employed	s) 		
	Date Full name of contributor out-of-state PAC (ID#:) 05/12/2024 Phillips, Greg Contributor address; City; State; Zip Code Fort Worth, TX 76104				Amount of Contribution (\$)	\$500.00	
	Principal occupation / Job title (See Instructions) Physician Employer (See Instructions Self-Employed			s)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ne Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/11 Rpt: 15/40
2	FILER NAME Lone Star Pr	LER NAME one Star Project Nonfederal			3	Filer ID (Ethics Commission Filers) 00068390
4	Date 05/16/2024			7	Amount of Contribution (\$) \$10,000.00	
_		Laredo, TX 78045	,		Ĺ	
8	Principal occu	pation / Job title (See Instruction:	5)	9 Employer (See Instructions	S)	
	Date 06/30/2024	Full name of contributor Schattman, Michael Contributor address; City; S)	•	Amount of Contribution (\$) \$100.00
	Dringing age	Lansdale, PA 19446	2)	Employer (Coo Instructions	<u></u>	
	Not Employe	pation / Job title (See Instruction: ed	5)	Employer (See Instructions Not Employed	o)	
	Date Full name of contributor out-of-state PAC (ID#:) 04/29/2024 Schattman, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00		
	Lansdale, PA 19446					
	Not Employe	pation / Job title (See Instruction: ed	5)	Employer (See Instructions Not Employed	5)	
	Date Full name of contributor out-of-state PAC (ID#: O5/19/2024				Amount of Contribution (\$) \$250.00	
	Principal occu Not Employe	pation / Job title (See Instructional	s)	Employer (See Instructions Not Employed	5)	
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$25,000.00	
	Principal occupation / Job title (See Instructions) Founding Partner Employer (See Instructions Simon Greenstone			5)		
	<u>'</u>					

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/11 Rpt: 16/40	
2	FILER NAME Lone Star Proje	ect Nonfederal			3	Filer ID (Ethics Commission Filers) 00068390
4	Date 03/06/2024 5 Full name of contributor x out-of-state PAC (ID#: C00002766 United Food and Commercial Workers International Union 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$15,000.0	
		Washington, DC 20006				
8	Principal occupat	tion / Job title (See Instructions)		9 Employer (See Instructions	s)	
	Date 04/21/2024	Full name of contributor Weisbrod, Carl	out-of-state PAC (ID#:_)		Amount of Contribution (\$) \$500.0
		Contributor address; City; Stat	e; Zip Code			
	Principal occupat	Dallas, TX 75230 tion / Job title (See Instructions)		Employer (See Instructions Morgan & Weisbrod LLF		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The best water Oakle contains bounds as a substantial form.			1 Total pages Schedule A2:			
i ne instru	action Guide explains how to complete this f	Sch: 1/1 Rpt: 17/40				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Lone Star P	Project Nonfederal		00068390			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
05/20/2024	Lone Star Project		contribution (\$) description			
	7 Contributor address; City; State; Zip Code		\$15,000.00 In-kind Research to Kristian Carranza			
			Campaign			
	Washington, DC 20003		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>I</u>				
Date	Full name of contributor	\	Amount of ! In-kind contribution			
06/05/2024)	contribution (\$) description			
00/00/2024	Contributor address; City; State; Zip Code		\$15,000.00 In-kind Research to Averie			
	Continuator address, City, State, Zip Code		Bishop Campaign			
	Washington, DC 20003		Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
			1			
			1			
			1			

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/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/23 Rpt: 18/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
03/06/2024	AMR Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	531 West Court Street
Expenditure from corporate funds	Seguin, TX 78156
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Research Consulting
	research consuming
O Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/02/2024	AMR Group
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	531 West Court Street
Expenditure from corporate funds	Seguin, TX 78156
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Research Consulting
	Research Consulting
Organists ONE Wife disease	Our distance (Office health are recorded)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2024	AMR Group
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	531 West Court Street
Expenditure from corporate funds	Seguin, TX 78156
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Research Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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 how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/23 Rpt: 19/40	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	
06/03/2024	AMR Group	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,500.00	531 West Court Street	
Expenditure from		
corporate funds	Seguin, TX 78156	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Research Consulting
		Research Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI		Cinice field
Date	Payee name	
02/27/2024	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$138.45	366 Summer Street	•
Ψ130.43	300 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		
Date	Payee name	
03/05/2024	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	3
\$0.56	366 Summer Street	•
40.00		
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		diffice field

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 how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/23 Rpt: 20/40	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	
03/12/2024	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.00	366 Summer Street	
- "		
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/Ol		Since Held
Data		
Date	Payee name	
03/19/2024	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.60	366 Summer Street	
Expenditure from		
corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Processing Fees
Complete ONLY if direct	Condidate/Officeholder name Office sought	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
03/26/2024	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.20	366 Summer Street	
Evpanditura from		
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experialitie to beliefft C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/23 Rpt: 21/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
03/31/2024	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.11	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Processing Fees
	T Toocssing T cos
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
04/07/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$1.00	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Processing Fees
	Flocessing rees
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/14/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.40	366 Summer Street
Evnanditura fra	
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff 6/01	•

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/23 Rpt: 22/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
04/21/2024	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$119.10	366 Summer Street
Expenditure from	
corporate funds	Somerville, MA 02144
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Processing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/28/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	366 Summer Street
- Formandiana Cons	
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/01/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$592.66	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EX. ENDITORE	Check if Austin, TX, officeholder living expense
	Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Forms provided by Tayas F	thics Commission www.athics state ty us Version V// 1.0 d278aha0

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

Event Expense Lua Fees Offin Food/Beverage Expense Poll Gitt/Awards/Memorials Expense Prin Legal Services Sala

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

Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wages/C	ontract Labor O	THER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 F	iler ID (Ethics Commission Filers)
Sch: 6/23 Rpt: 23/40	Lone Star Project Nonfederal		0	0068390
4 Date	5 Payee name			
05/02/2024	ActBlue			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$237.40	366 Summer Street			
Expenditure from corporate funds	Somerville, MA 02144			
8 PURPOSE	(a) Category (See Categories listed at the	top of this schedule) (b)	Description	
OF EXPENDITURE	Fees	[of Texas. Complete Schedule T.
			_	ficeholder living expense
			Processing Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office held
experialitate to bettern 6/61				
Date	Payee name			
05/07/2024	ActBlue			
Amount (\$)	Payee address; City;	State; Zip Code		
\$239.58	366 Summer Street	, ,		
Ψ200.00				
Expenditure from	Como millo MA 02144			
corporate funds	Somerville, MA 02144			
PURPOSE OF	(a) Category (See Categories listed at the t	top of this schedule) (b)	Description	
EXPENDITURE	Fees		ᅼ	of Texas. Complete Schedule T.
		L	T check if Adstin, 12, on Processing Fees	ficeholder living expense
		'	rocessing rees	
Commission ONII V if diment	Condidate/Officeholder research	Office country		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office held
Date	Payee name			
05/12/2024	ActBlue			
Amount (\$)	Payee address; City;	State; Zip Code		
\$238.39	366 Summer Street			
Expenditure from corporate funds	Somerville, MA 02144			
	/	n	N = = = = = = = = = = = = = = = = = = =	
PURPOSE OF	(a) Category (See Categories listed at the	top of this schedule)	Description Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	Fees		≓	ficeholder living expense
			Processing Fees	
			Ü	
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/O		Soo oodgiit		

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 how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/23 Rpt: 24/40	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	
05/19/2024	ActBlue	
6 Amount (\$) \$134.91	7 Payee address; City; State; Zip Code 366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
05/26/2024	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.20	366 Summer Street	
Expenditure from		
corporate funds	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
06/02/2024	ActBlue	
Amount (\$) \$30.19	Payee address; City; State; Zip Code 366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

Candidate/Officenoider/Political Committee Legal Services Salanes/Wages/Contract Labor 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: 8/23 Rpt: 25/40	Lone Star Project Nonfederal 00068390					
4 Date	5 Payee name					
06/09/2024	ActBlue					
6 Amount (\$)	7 Payee address; City; State; Zip Code	_				
\$109.63	366 Summer Street					
- "						
Expenditure from corporate funds	Somerville, MA 02144					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Processing Fees					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
expenditure to benefit C/OI						
Date	Payee name	_				
06/16/2024	Payee name ActBlue					
		_				
Amount (\$) \$4.35	Payee address; City; State; Zip Code 366 Summer Street					
φ4.55	300 Summer Street					
Expenditure from corporate funds	Somerville, MA 02144					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Processing Fees					
	Frocessing rees					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
expenditure to benefit C/OI						
Date	Davies same	_				
06/23/2024	Payee name ActBlue					
Amount (\$) \$5.15	Payee address; City; State; Zip Code 366 Summer Street					
\$2.12	300 Suffiller Street					
Expenditure from corporate funds	Somerville, MA 02144					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
D. LADITORE	Check if Austin, TX, officeholder living expense					
	Processing Fees					
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
•						

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/23 Rpt: 26/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
06/30/2024	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.31	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Processing Fees
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2024	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$148.00	1825 K Street NE
- Cynonditure from	
Expenditure from corporate funds	Washington, DC 20006
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Bank Fees
	Daille 1 000
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/27/2024	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$152.00	1825 K Street NE
Expenditure from corporate funds	Washington, DC 20006
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 F dyment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/23 Rpt: 27/40	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	
04/26/2024	Amalgamated Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$82.71	1825 K Street NE	
Expenditure from corporate funds	Washington, DC 20006	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
OF EXPENDITURE	Fees Check if tr	avel outside of Texas. Complete Schedule T.
	│	ustin, TX, officeholder living expense
	Dank Fee	5
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/24/2024	Amalgamated Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$143.84	1825 K Street NE	
Expenditure from corporate funds	Washington, DC 20006	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
OF EXPENDITURE	1003	avel outside of Texas. Complete Schedule T.
	│	ustin, TX, officeholder living expense
	Dank Fee	5
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
06/28/2024	Amalgamated Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$143.47	1825 K Street NE	
Expenditure from corporate funds	Washington, DC 20006	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1

Fees

Candidate/Officeholder name

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Bank Fees

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
4 7 . 1	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 11/23 Rpt: 28/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
03/15/2024	Angle Mastagni & Matthews Political Strategies, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,155.63	507 North Sylvania Avenue
Expenditure from corporate funds	Fort Worth, TX 76111
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Text Messaging
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/15/2024	Angle Mastagni & Matthews Political Strategies, LLC
Amount (\$)	Payee address; City; State; Zip Code
` '	507 North Sylvania Avenue
\$1,264.90	507 North Sylvania Avenue
Expenditure from	
corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Text Messaging
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
06/03/2024	Expedia
Amount (\$)	Payee address; City; State; Zip Code
\$408.46	1111 Expedia Group Way West
Expenditure from corporate funds	Seattle, WA 98119
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Travel (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Airfare
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/23 Rpt: 29/40	Lone Star Project Nonfederal		00068390
4	Date	5 Payee name		
	06/06/2024	HALL Arts Hotel		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$22,000.00	1717 Leonard St		
	Expenditure from corporate funds	Dallas, TX 75201		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Event Expense
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sou	. au la A	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI		ıgnı	Office held
┡	· 			
	Date	Payee name		
	06/03/2024	HALL Arts Hotel		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$15.00	1717 Leonard St		
_	T Expenditure from			
Ŀ	corporate funds	Dallas, TX 75201		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Event Expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
l	expenditure to benefit C/OI		•	
H	Date	Payee name		
l	03/06/2024	LexisNexis		
\vdash	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$1,591.73	9443 Springboro Pike		
	7-,00-10	5 5 - Fr		
lг	Expenditure from corporate funds	Miamisburg, OH 45342		
F	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Experise		Check if Austin, TX, officeholder living expense
				Subscription
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
L	expenditure to benefit C/OI	1 		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 13/23 Rpt: 30/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
03/06/2024	LexisNexis
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,591.73	9443 Springboro Pike
— E control of the co	
Expenditure from corporate funds	Miamisburg, OH 45342
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Subscription
	Cassonpaon
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/15/2024	LexisNexis
Amount (\$)	Payee address; City; State; Zip Code
\$1,591.73	9443 Springboro Pike
Expenditure from	
corporate funds	Miamisburg, OH 45342
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Subscription
	Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/15/2024	LexisNexis
Amount (\$)	Payee address; City; State; Zip Code
\$1,671.21	9443 Springboro Pike
Expenditure from	
corporate funds	Miamisburg, OH 45342
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Subscription
	Subscription
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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal marian Calcadida F1.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 14/23 Rpt: 31/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
06/18/2024	LexisNexis
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,671.21	9443 Springboro Pike
, ,-	
Expenditure from	Miomichura, OH 4E242
corporate funds	Miamisburg, OH 45342
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Subscription
	Cubscription
O Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	
Date	Payee name
03/05/2024	Lone Star Project - Federal Account
Amount (\$)	Payee address; City; State; Zip Code
\$12,375.00	6 E St SE
Expenditure from	Washington, DC 20003
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
	Transfer for Amounted Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
·	
Date	Payee name
03/22/2024	Lone Star Project - Federal Account
Amount (\$)	Payee address; City; State; Zip Code
\$9,635.57	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Transfer (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Forms provided by Tayas F	thics Commission www.athics.stata.tv.us Varsion V/ 1.0 d278aha

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/Officenoider/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 15/23 Rpt: 32/40	Lone Star Project Nonfederal 00068390	
4 Date	5 Payee name	
03/27/2024	Lone Star Project - Federal Account	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$15,008.43	6 E St SE	
Expenditure from		
corporate funds	Washington, DC 20003	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Transfer for Allocated Expenses	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	1	
Date	Payee name	_
04/04/2024	Lone Star Project - Federal Account	
Amount (\$)	Payee address; City; State; Zip Code	_
\$14,850.00	6 E St SE	
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Transfer	
	Check if Austin, TX, officeholder living expense Transfer for Allocated Expenses	
	Transfer for Allocated Expenses	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	_
04/09/2024	Lone Star Project - Federal Account	
Amount (\$)	Payee address; City; State; Zip Code	_
\$44,550.00	6 E St SE	
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Transfer for Allocated Expenses	
	Hansier for Allocated Expenses	
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 Comr 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:	
Sch: 16/23 Rpt: 33/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
04/25/2024	Lone Star Project - Federal Account
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16,731.19	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transfer Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/02/2024	Lone Star Project - Federal Account
Amount (\$)	Payee address; City; State; Zip Code
\$4,018.96	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer
	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
0 1 0 0 1 0 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	Davies same
Date 05/08/2024	Payee name Lone Star Project - Federal Account
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$20,042.18	6 E St SE
Expenditure from	
corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Complete CAU V Station	Constitute / Office helder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/23 Rpt: 34/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
05/21/2024	Lone Star Project - Federal Account
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25,223.32	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transfer (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/22/2024	Lone Star Project - Federal Account
Amount (\$)	Payee address; City; State; Zip Code
\$15,071.62	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Commission ONII V if dispose	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
06/25/2024	Lone Star Project - Federal Account
Amount (\$)	Payee address; City; State; Zip Code
\$19,606.40	6 E St SE
Ψ10,000.40	0 2 00 02
Expenditure from corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Complete CNU V if all	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad 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/Political Credit Card Payment	
4. Total manner Californial Ed. T	
1 Total pages Schedule F1:	
Sch: 18/23 Rpt: 35/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
06/27/2024	Lone Star Project - Federal Account
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,068.69	6 E St SE
,	
Expenditure from	Washington DC 20002
corporate funds	Washington, DC 20003
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
	Transfer for Allocated Expenses
O Consulata ONII V if diseast	Outstille to 10 ff and held an array of the annual to
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2024	Natale, Romano
Amount (\$)	Payee address; City; State; Zip Code
\$525.00	7312 Oak Bluff Dr
Expenditure from	Dallas, TX 75254
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Event Photography
	_vont i notograpity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	
·	
Date	Payee name
03/06/2024	Panger, Josh
Amount (\$)	Payee address; City; State; Zip Code
\$6,354.28	619 Broadway
Expenditure from corporate funds	Lubbock, TX 79401
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Research Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	

SCHEDULE F1

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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete	e this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Fi	iler ID	(Ethics Commission Filers)
Sch: 19/23 Rpt: 36/40	Lone Star Project Nonfederal		0	0068390	
4 Date	5 Payee name		<u> </u>		
04/01/2024	Panger, Josh				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$5,856.33	619 Broadway				
Expenditure from corporate funds	Lubbock, TX 79401				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OF EXPENDITURE	Consulting Expense	<u> </u>	Check if travel outside		
		Ļ	Check if Austin, TX, off Research Consulti		expense
		•	researon consult	ıı ıg	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht iaht		Office he	5ld
expenditure to benefit C/O		ag.it		Omoo no	, i
Date	Pausa nama				
05/01/2024	Payee name Panger, Josh				
		-do			
Amount (\$) \$6,191.90	Payee address; City; State; Zip Co 619 Broadway	oue			
\$6,191.90	619 Broadway				
Expenditure from corporate funds	Lubbock, TX 79401				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OF EXPENDITURE	Consulting Expense	<u> </u>	Check if travel outside		
_,, _,,,,,,,		Ļ	Check if Austin, TX, off Research Consulti		expense
		·	Research Consult	iriy	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office he	eld
expenditure to benefit C/O		.g		000	
Date	Payer name				
06/03/2024	Payee name Panger, Josh				
Amount (\$) \$6,549.13	Payee address; City; State; Zip Co 619 Broadway	Jue			
Ψ0,549.15	019 Bloadway				
Expenditure from corporate funds	Lubbock, TX 79401				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OF EXPENDITURE	Consulting Expense	[Check if travel outside		
		Ļ	Check if Austin, TX, off Research Consulti		expense
		'	Cocaron Consult	ıı ıy	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office he	ald
expenditure to benefit C/O		agrit		Onice He	JIQ.

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/23 Rpt: 37/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
03/15/2024	RMZ Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	2026 Sorrento Lane
Expenditure from corporate funds	Lewisville, TX 75077
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense In-kind Graphics for Roderick Miles Campaign
	in-Aina Graphics for Nouchek Miles Gampaign
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
05/01/2024	RMZ Group
Amount (\$)	Payee address; City; State; Zip Code
\$1,045.00	2026 Sorrento Lane
Expenditure from corporate funds	Lewisville, TX 75077
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Video Production
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/07/2024	RMZ Group
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	2026 Sorrento Lane
Expenditure from corporate funds	Lewisville, TX 75077
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Video Production
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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	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: 21/23 Rpt: 38/40	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
03/15/2024	RMZ Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	2026 Sorrento Lane
Expenditure from corporate funds	Lewisville, TX 75077
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	In-kind Graphics for Patrick Moses Campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Gree	
Date	Payee name
03/15/2024	RMZ Group
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	2026 Sorrento Lane
·	
Expenditure from corporate funds	Lewisville, TX 75077
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	In-kind Graphics for Aicha Davis Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/03/2024	Residence Inn
Amount (\$)	Payee address; City; State; Zip Code
\$1,191.29	1712 Commerce Street
Ψ1,101.29	1.12 Sommorou Guest
Expenditure from	Dallag TV 75004
corporate funds	Dallas, TX 75201
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel Expense
	πανοι Ελροπου
Complete CNII V if divers	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
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 22/23 Rpt: 39/40	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	·
05/20/2024	Swash Labs	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$10,000.00	PO Box 2464	
- Funanditura from		
Expenditure from corporate funds	Denton, TX 76205	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense In-kind Digital for Roderick Miles Campaign
		III kind Digital for Roderick wiles Gampaign
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		
Date	Payee name	
06/13/2024	Swash Labs	
Amount (\$)	Payee address; City; State; Zip C	ode
\$266.87	PO Box 2464	
Expenditure from corporate funds	Denton, TX 76205	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sor	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/26/2024	Swash Labs	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,840.00	PO Box 2464	
Expenditure from corporate funds	Denton, TX 76205	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital Consulting
		Digital Consulting
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	Luaht Office held
expenditure to benefit C/OI		agric Office field

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	ı - I Coı	mmittee	Gift/Awards/Memorials Legal Services The Instruction G			ense ges/Contract Labor		ravel Out of Dis THER (enter a	trict category not listed above)	
┰	Total pages Schedule F1:	2	FII FR NAMI	=				3 F	iler ID	(Ethics Commission Filers)	
ľ	Sch: 23/23 Rpt: 40/40	_		- Project Nonfede	ral				0068390	(======	
┡	•	_						<u> </u>			\dashv
4	Date	5	Payee name								
L	05/01/2024		Womack, N								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Code	;				
	\$1,500.00		10729 Villa	ger Road							
	Expenditure from corporate funds		Dallas, TX	75230							
8	PURPOSE	(a)				0	Description				_
ľ	OF	(α)	Category (S	ee Categories listed at	the top of this sche	edule)	_	l outside	of Texas, Com	olete Schedule T.	
	EXPENDITURE		Consuming	Lxperise			ш		ficeholder living		
							Fundraising	Cons	ulting		
9	Complete ONLY if direct	(Candidate/Off	iceholder name	C	Office sough	 nt		Office he	eld	\dashv
	expenditure to benefit C/O	H									
											-