

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

|  |  |  |   |
|--|--|--|---|
| The GPAC Instruction Guide explains how to complete this form.                         |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00086595   | 2 Total pages filed:<br>28  |
| 3 COMMITTEE NAME<br>Patriot Mobile Action  |  |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>10/07/2024<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>401 N Carroll Ave Suite 425<br><br>Southlake, TX 76092   |  |   |
| 5 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Mr. Steve<br>NICKNAME LAST SUFFIX<br>Martin  |  |   |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>401 N Carroll Ave Suite 425<br><br>Southlake, TX 76092  |  |   |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |  |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(301) 654-3220   |  |   |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |  |   |
| 10 PERIOD COVERED  | Month Day Year<br>07/01/2024 THROUGH Month Day Year<br>09/26/2024  |  |   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>11/05/2024  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>Patriot Mobile Action   |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00086595   |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported  |
|   |  | B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported  |
|   |  | B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |   |
|   | <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|   | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 111,077.74   |
| EXPENDITURE TOTALS  | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ 0.00   |
|   | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 8,500.23   |
| CONTRIBUTION BALANCE  | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 124,979.04   |
| OUTSTANDING LOAN TOTALS   | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b> | \$ 0.00   |

## 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Steve Martin

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 28

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Patriot Mobile Action |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00086595 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  |   | SUBTOTAL AMOUNT   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 93,745.00  |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 17,332.74  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 8,500.23   |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/12 Rpt: 4/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action                            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595 |
| <b>4</b> Date<br>09/14/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Abrahams, Kristin<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Montgomery, TX 77316 | <b>7</b> Amount of Contribution (\$)<br><br>\$200.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Founder |  | <b>9</b> Employer (See Instructions)<br>Rotten apples    |
| Date<br>09/14/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Abrahams, Kristin<br><hr/> Contributor address; City; State; Zip Code<br><br>Montgomery, TX 77316                   | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Founder          |  | Employer (See Instructions)<br>Rotten apples             |
| Date<br>09/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Adams, Danielle<br><hr/> Contributor address; City; State; Zip Code<br><br>Gray Summit, MO 63039                    | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>healthcare       |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Allison, Mary Ann<br><hr/> Contributor address; City; State; Zip Code<br><br>Liberty, TX 77575                      | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Administrator    |  | Employer (See Instructions)<br>Kinder Morgan             |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Altieri, Greig<br><hr/> Contributor address; City; State; Zip Code<br><br>Celina, TX 75009                          | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Region Manager   |  | Employer (See Instructions)<br>CBUSA                     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/12 Rpt: 5/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action                           |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595 |
| <b>4</b> Date<br>09/20/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alvarez, Carlos<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CONVERSE, TX 78109 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Driver |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anderson, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Jacksonville, TX 75766               | Amount of Contribution (\$)<br><br>\$5.00                |
| Principal occupation / Job title (See Instructions)<br>Professor       |  | Employer (See Instructions)<br>Tyler Junior College      |
| Date<br>09/20/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Banks, Darren<br><hr/> Contributor address; City; State; Zip Code<br><br>Wimberley, TX 78676                    | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Manager         |  | Employer (See Instructions)<br>Self                      |
| Date<br>09/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brown, Keatha<br><hr/> Contributor address; City; State; Zip Code<br><br>Montgomery, TX 77316                   | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>CPA             |  | Employer (See Instructions)<br>Alchemi Advisory          |
| Date<br>09/20/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Campbell, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Euless, TX 76040                     | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>retired         |  | Employer (See Instructions)<br>retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/12 Rpt: 6/28    |
| <b>2</b> FILER NAME<br>Patriot Mobile Action                              |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595    |
| <b>4</b> Date<br>09/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carlomagno, Theresa<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Atherton, CA 94027 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Lab Coord |  | <b>9</b> Employer (See Instructions)<br>Univ AZ             |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Crain, Lewis<br>Contributor address; City; State; Zip Code<br><br>Arlington, TX 76013                         | Amount of Contribution (\$)<br><br>\$100.00                 |
| Principal occupation / Job title (See Instructions)<br>CPA                |  | Employer (See Instructions)<br>Rutledge Crain & Company, PC |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Paula<br>Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78261                       | Amount of Contribution (\$)<br><br>\$50.00                  |
| Principal occupation / Job title (See Instructions)<br>retired            |  | Employer (See Instructions)<br>retired                      |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Derosa, Susan<br>Contributor address; City; State; Zip Code<br><br>Loxahatchee, FL 33470                      | Amount of Contribution (\$)<br><br>\$10.00                  |
| Principal occupation / Job title (See Instructions)<br>retired            |  | Employer (See Instructions)<br>retired                      |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dodge, Loring<br>Contributor address; City; State; Zip Code<br><br>McKinney, TX 75069                         | Amount of Contribution (\$)<br><br>\$100.00                 |
| Principal occupation / Job title (See Instructions)<br>tech               |  | Employer (See Instructions)                                 |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/12 Rpt: 7/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action                            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595 |
| <b>4</b> Date<br>09/21/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Duchesne, Steve<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Colleyville, TX 76034 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired |   | <b>9</b> Employer (See Instructions)<br>retired          |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Eckel, Susan<br><hr/> Contributor address; City; State; Zip Code<br><br>Perrysburg, OH 43551                       | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>caregiver        |   | Employer (See Instructions)<br>donna peters              |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Estes, Cory<br><hr/> Contributor address; City; State; Zip Code<br><br>Los Alamitos, CA 90720                      | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Police Officer   |   | Employer (See Instructions)<br>City of Los Angeles       |
| Date<br>08/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>FRENCH, TERESA<br><hr/> Contributor address; City; State; Zip Code<br><br>IDYLLWILD, CA 92549                      | Amount of Contribution (\$)<br><br>\$5.00                |
| Principal occupation / Job title (See Instructions)<br>retired          |   | Employer (See Instructions)<br>retired                   |
| Date<br>07/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>FRENCH, TERESA<br><hr/> Contributor address; City; State; Zip Code<br><br>IDYLLWILD, CA 92549                      | Amount of Contribution (\$)<br><br>\$5.00                |
| Principal occupation / Job title (See Instructions)<br>retired          |   | Employer (See Instructions)<br>retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/12 Rpt: 8/28         |
| <b>2</b> FILER NAME<br>Patriot Mobile Action  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595         |
| <b>4</b> Date<br>09/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garzand, Alecia<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Spanish Fork, UT 84660 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00              |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Executive Secretary |  | <b>9</b> Employer (See Instructions)<br>Brigham Young University |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzalez, Francisco<br>Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78230                | Amount of Contribution (\$)<br><br>\$50.00                       |
| Principal occupation / Job title (See Instructions)<br>ARCHITECT                    |  | Employer (See Instructions)                                      |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Grimshaw, Debbie<br>Contributor address; City; State; Zip Code<br><br>Pleasanton, TX 78064                    | Amount of Contribution (\$)<br><br>\$50.00                       |
| Principal occupation / Job title (See Instructions)<br>retired                      |  | Employer (See Instructions)<br>retired                           |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hales, Ronald<br>Contributor address; City; State; Zip Code<br><br>Ogden, UT 84403                            | Amount of Contribution (\$)<br><br>\$100.00                      |
| Principal occupation / Job title (See Instructions)<br>retired                      |  | Employer (See Instructions)<br>retired                           |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hart, David<br>Contributor address; City; State; Zip Code<br><br>Sachse, TX 75048                             | Amount of Contribution (\$)<br><br>\$50.00                       |
| Principal occupation / Job title (See Instructions)<br>Contractor                   |  | Employer (See Instructions)<br>All Hart LLC                      |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6/12 Rpt: 9/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action                            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595 |
| <b>4</b> Date<br>09/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hastings, Cathy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Jacksonville, FL 32223 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |  | <b>9</b> Employer (See Instructions)<br>Retired          |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Henley, Jay<br><hr/> Contributor address; City; State; Zip Code<br><br>Florence, MS 39073                           | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)<br>retired                   |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hernandez, Luis<br><hr/> Contributor address; City; State; Zip Code<br><br>Southlake, TX 76092                      | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>sa               |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Huddleston, Cynthia<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023                      | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)<br>retired                   |
| Date<br>09/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ivanova, Iva<br><hr/> Contributor address; City; State; Zip Code<br><br>Temple, TX 76502                            | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)<br>Retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/12 Rpt: 10/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595  |
| <b>4</b> Date<br>09/23/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Karwoski, Roger<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Columbia, MO 65203 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired               |  | <b>9</b> Employer (See Instructions)<br>retired           |
| Date<br>09/21/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Labrecque, Shirley<br><hr/> Contributor address; City; State; Zip Code<br><br>Dracut, MA 01826                  | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>psychiatric nurse practitioner |  | Employer (See Instructions)<br>Lowell General Hospital    |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laquerre, Helene<br><hr/> Contributor address; City; State; Zip Code<br><br>North Smithfield, RI 02896          | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>retired                        |  | Employer (See Instructions)<br>retired                    |
| Date<br>07/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Leiby, Virginia<br><hr/> Contributor address; City; State; Zip Code<br><br>Deering, NH 03244                    | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Retired                        |  | Employer (See Instructions)<br>Retired                    |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Leonard, Tod<br><hr/> Contributor address; City; State; Zip Code<br><br>Cincinnati, OH 45246                    | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>retired                        |  | Employer (See Instructions)<br>retired                    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 8/12 Rpt: 11/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action                            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595  |
| <b>4</b> Date<br>08/29/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lyons, Benjamin<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Vinton, LA 70668 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |  | <b>9</b> Employer (See Instructions)<br>Retired           |
| Date<br>07/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lyons, Benjamin<br><hr/> Contributor address; City; State; Zip Code<br><br>Vinton, LA 70668                   | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)<br>Retired                    |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martin, Julie<br><hr/> Contributor address; City; State; Zip Code<br><br>Oak Park, CA 91377                   | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>retired          |  | Employer (See Instructions)<br>retired                    |
| Date<br>07/03/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McCurdy, Carson<br><hr/> Contributor address; City; State; Zip Code<br><br>Jerusalem, OH 43747                | Amount of Contribution (\$)<br><br>\$100.00               |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)<br>Retired                    |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mccord, Martin<br><hr/> Contributor address; City; State; Zip Code<br><br>Vidor, TX 77662                     | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>PCO              |  | Employer (See Instructions)<br>Self                       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9/12 Rpt: 12/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action                                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595  |
| <b>4</b> Date<br>09/20/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Miller, Ann<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>nashville, TN 37221 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>business owner |   | <b>9</b> Employer (See Instructions)<br>glitz nashville   |
| Date<br>09/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mudd, Laura<br><hr/> Contributor address; City; State; Zip Code<br><br>La Vernia, TX 78121                   | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>retired                 |   | Employer (See Instructions)<br>retired                    |
| Date<br>09/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nemeth, Gabor<br><hr/> Contributor address; City; State; Zip Code<br><br>Rolling Hills Estates, CA 90274     | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>Retired                 |   | Employer (See Instructions)<br>Retired                    |
| Date<br>08/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nemeth, Gabor<br><hr/> Contributor address; City; State; Zip Code<br><br>Rolling Hills Estates, CA 90274     | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>Retired                 |   | Employer (See Instructions)<br>Retired                    |
| Date<br>07/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nemeth, Gabor<br><hr/> Contributor address; City; State; Zip Code<br><br>Rolling Hills Estates, CA 90274     | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>Retired                 |   | Employer (See Instructions)<br>Retired                    |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 10/12 Rpt: 13/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action                                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>08/29/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>O'Leary, Marlene<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Alpine, WY 83128 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired       |   | <b>9</b> Employer (See Instructions)<br>Retired            |
| Date<br>07/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>O'Leary, Marlene<br>Contributor address; City; State; Zip Code<br><br>Alpine, WY 83128                   | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Retired                |   | Employer (See Instructions)<br>Retired                     |
| Date<br>08/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Parker, Gregg<br>Contributor address; City; State; Zip Code<br><br>Santee, TX 92071                      | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Technical Site Analyst |   | Employer (See Instructions)<br>Sharp Healthcare            |
| Date<br>07/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Parker, Gregg<br>Contributor address; City; State; Zip Code<br><br>Santee, TX 92071                      | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Technical Site Analyst |   | Employer (See Instructions)<br>Sharp Healthcare            |
| Date<br>09/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patriot Mobile LLC<br>Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051              | Amount of Contribution (\$)<br><br>\$25,000.00             |
| Principal occupation / Job title (See Instructions)                           |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 11/12 Rpt: 14/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>09/26/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patriot Mobile LLC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051 | <b>7</b> Amount of Contribution (\$)<br>\$65,000.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)                        |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pease, Daniel<br><hr/> Contributor address; City; State; Zip Code<br><br>Hammond, NY 13646                          | Amount of Contribution (\$)<br>\$25.00                     |
| Principal occupation / Job title (See Instructions)<br>Landscape Architect          |  | Employer (See Instructions)<br>NYS OPRHP                   |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Snow, Denise<br><hr/> Contributor address; City; State; Zip Code<br><br>Grapevine TX, TX 76051                      | Amount of Contribution (\$)<br>\$100.00                    |
| Principal occupation / Job title (See Instructions)<br>Business Strategy Consultant |  | Employer (See Instructions)<br>Southwest Airlines          |
| Date<br>09/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sotherden, Joan<br><hr/> Contributor address; City; State; Zip Code<br><br>Daleville, VA 24083                      | Amount of Contribution (\$)<br>\$25.00                     |
| Principal occupation / Job title (See Instructions)<br>retired                      |  | Employer (See Instructions)<br>retired                     |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stark, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Oklahoma City, OK 73151                      | Amount of Contribution (\$)<br>\$200.00                    |
| Principal occupation / Job title (See Instructions)<br>Retired                      |  | Employer (See Instructions)<br>Retired                     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 12/12 Rpt: 15/28 |
| <b>2</b> FILER NAME<br>Patriot Mobile Action  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>08/01/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stewart, Joe<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Port Saint Lucie, FL 34953-7619 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Cloud & Automation Network Engineer |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>07/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stewart, Joe<br><hr/> Contributor address; City; State; Zip Code<br><br>Port Saint Lucie, FL 34953-7619                   | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Cloud & Automation Network Engineer          |  | Employer (See Instructions)                                |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tindell, Beth<br><hr/> Contributor address; City; State; Zip Code<br><br>Topeka, KS 66615-9696                            | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>retired                                      |  | Employer (See Instructions)<br>retired                     |
| Date<br>08/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Van, Jo Ann<br><hr/> Contributor address; City; State; Zip Code<br><br>Tacoma, WA 98422                                   | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>retired                                      |  | Employer (See Instructions)<br>retired                     |
| Date<br>07/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Van, Jo Ann<br><hr/> Contributor address; City; State; Zip Code<br><br>Tacoma, WA 98422                                   | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>retired                                      |  | Employer (See Instructions)<br>retired                     |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.                   |   | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 16/28                               |  |
| 2 FILER NAME<br>Patriot Mobile Action                                       |   | 3 Filer ID (Ethics Commission Filers)<br>00086595                               |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$  |  |
| 5 Date<br>07/31/2024  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patriot Mobile LLC | 8 Amount of contribution (\$)<br>\$8,666.37                                     | 9 In-kind contribution description<br>Administrative Costs |
| 7 Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051     |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   |   | 11 Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |   |  |
| Date<br>08/31/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patriot Mobile LLC   | Amount of contribution (\$)<br>\$8,666.37                                       | In-kind contribution description<br>Administrative Costs   |
| Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051       |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)      |   | Employer (FOR NON-JUDICIAL) (See instructions)                                  |  |
| 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)    |   |   |  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/12 Rpt: 17/28                                       | <b>2</b> FILER NAME<br>Patriot Mobile Action   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>07/03/2024   | <b>5</b> Payee name<br>Anedot  |  |
| <b>6</b> Amount (\$)<br>\$4.12<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             |  |  |
| Date<br>07/03/2024  | Candidate/Officeholder name  | Office sought  |
| Amount (\$)<br>\$3.08<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee name<br>Anedot   |  |
|   | Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |  |  |
| Date<br>07/08/2024  | Candidate/Officeholder name  | Office sought  |
| Amount (\$)<br>\$4.30<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee name<br>Anedot   |  |
|   | Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |  |  |
| Date<br>07/08/2024  | Candidate/Officeholder name  | Office sought  |
| Amount (\$)<br>\$4.30<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee name<br>Anedot   |  |
|   | Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/12 Rpt: 18/28                                       | <b>2</b> FILER NAME<br>Patriot Mobile Action   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>07/08/2024   | <b>5</b> Payee name<br>Anedot  |  |
| <b>6</b> Amount (\$)<br>\$0.50<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/31/2024  | Payee name<br>Anedot   |  |
| Amount (\$)<br>\$4.12<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/06/2024  | Payee name<br>Anedot   |  |
| Amount (\$)<br>\$3.08<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/12 Rpt: 19/28                                       | <b>2</b> FILER NAME<br>Patriot Mobile Action  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>09/04/2024   | <b>5</b> Payee name<br>Anedot   |  |
| <b>6</b> Amount (\$)<br>\$3.49<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808                    |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             |   |  |
| Date<br>09/18/2024  | Candidate/Officeholder name<br>Office sought<br>Office held   |  |
| Amount (\$)<br>\$15.45<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee name<br>Anedot<br><br>Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808 |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |   |  |
| Date<br>09/19/2024  | Candidate/Officeholder name<br>Office sought<br>Office held   |  |
| Amount (\$)<br>\$8.55<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee name<br>Anedot<br><br>Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808 |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/12 Rpt: 20/28  | <b>2</b> FILER NAME<br>Patriot Mobile Action   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>09/25/2024  | <b>5</b> Payee name<br>Anedot  |  |
| <b>6</b> Amount (\$)<br>\$80.05<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808 |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |  |  |
| Date<br>09/25/2024   | Candidate/Officeholder name  | Office sought  |
| Office held  |  |  |
| Date<br>09/25/2024   | Payee name<br>Anedot   |  |
| Amount (\$)<br>\$10.48<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808          |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |  |  |
| Date<br>09/26/2024   | Candidate/Officeholder name  | Office sought  |
| Office held  |  |  |
| Date<br>09/26/2024   | Payee name<br>Anedot   |  |
| Amount (\$)<br>\$10.28<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808          |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |  |  |
| Date<br>09/26/2024   | Candidate/Officeholder name  | Office sought  |
| Office held  |  |  |
| Date<br>09/26/2024   | Payee name<br>Anedot   |  |
| Amount (\$)<br>\$10.28<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808          |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |  |  |
|  |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/12 Rpt: 21/28                                       | <b>2</b> FILER NAME<br>Patriot Mobile Action   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>09/26/2024   | <b>5</b> Payee name<br>Anedot  |  |
| <b>6</b> Amount (\$)<br>\$1.38<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             |  |  |
| Date<br>09/05/2024  | Payee name<br>Anedot   |  |
| Amount (\$)<br>\$1.95<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>5555 Hilton Ave<br>Suite 106<br>Baton Rouge, LA 70808          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>E-Merchant Fee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |  |  |
| Date<br>07/12/2024  | Payee name<br>Birdwell Communications  |  |
| Amount (\$)<br>\$2,050.00<br><br><input type="checkbox"/> Expenditure from corporate funds      | Payee address; City; State; Zip Code<br>10105 Locksley Drive<br><br>Benbrook, TX 76126                 |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Graphic Design                     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Graphic Design        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| 1 Total pages Schedule F1:<br>Sch: 6/12 Rpt: 22/28   | 2 FILER NAME<br>Patriot Mobile Action  | 3 Filer ID (Ethics Commission Filers)<br>00086595  |
| 4 Date<br>07/01/2024   | 5 Payee name<br>CFS Compliance   |  |
| 6 Amount (\$)<br>\$1,775.00<br><br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code<br>PO Box 30844<br><br>Bethesda, MD 20824       |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting |
| 9 Complete ONLY if direct expenditure to benefit C/OH  |  |  |
| Date<br>07/29/2024   | Candidate/Officeholder name<br>Office sought<br>Office held                            |  |
| Payee name<br>CFS Compliance   |  |  |
| Amount (\$)<br>\$1,775.00<br><br><input type="checkbox"/> Expenditure from corporate funds   | Payee address; City; State; Zip Code<br>PO Box 30844<br><br>Bethesda, MD 20824         |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting |
| Complete ONLY if direct expenditure to benefit C/OH  |  |  |
| Date<br>08/29/2024   | Candidate/Officeholder name<br>Office sought<br>Office held                            |  |
| Payee name<br>CFS Compliance   |  |  |
| Amount (\$)<br>\$1,775.00<br><br><input type="checkbox"/> Expenditure from corporate funds   | Payee address; City; State; Zip Code<br>PO Box 30844<br><br>Bethesda, MD 20824         |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting |
| Complete ONLY if direct expenditure to benefit C/OH  |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/12 Rpt: 23/28  | <b>2</b> FILER NAME<br>Patriot Mobile Action  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595  |
| <b>4</b> Date<br>07/24/2024  | <b>5</b> Payee name<br>CFS Compliance   |   |
| <b>6</b> Amount (\$)<br>\$34.35<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 30844<br><br>Bethesda, MD 20824       |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |   |   |
| Date<br>09/05/2024   | Payee name<br>CFS Compliance  |   |
| Amount (\$)<br>\$42.77<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 30844<br><br>Bethesda, MD 20824                |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |   |
| Date<br>08/27/2024   | Payee name<br>Dotster   |   |
| Amount (\$)<br>\$9.99<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>10 Corporate Dr<br>Suite 300<br>Burlington, MA 01803  |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web Hosting                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/12 Rpt: 24/28  | <b>2</b> FILER NAME<br>Patriot Mobile Action  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595  |
| <b>4</b> Date<br>09/06/2024  | <b>5</b> Payee name<br>Dotster  |   |
| <b>6</b> Amount (\$)<br>\$95.96<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>10 Corporate Dr<br>Suite 300<br>Burlington, MA 01803 |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web Hosting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |   |   |
| Date<br>09/04/2024   | Candidate/Officeholder name<br>Natchitoches Clerk of Court  |   |
| Amount (\$)<br>\$21.50<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>200 Church St<br>Natchitoches, LA 71458  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Research    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |   |
| Date<br>07/10/2024   | Candidate/Officeholder name<br>PEX  |   |
| Amount (\$)<br>\$4.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Office sought<br>462 7th Avenue<br>21st Floor<br>New York, NY 10018                                   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Card Fee    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/12 Rpt: 25/28                                       | <b>2</b> FILER NAME<br>Patriot Mobile Action  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>08/14/2024   | <b>5</b> Payee name<br>PEX  |  |
| <b>6</b> Amount (\$)<br>\$4.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>462 7th Avenue<br>21st Floor<br>New York, NY 10018 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Card Fee       |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/11/2024  | Payee name<br>PEX   |  |
| Amount (\$)<br>\$4.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>462 7th Avenue<br>21st Floor<br>New York, NY 10018          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Card Fee              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>07/25/2024  | Payee name<br>Shutterstock  |  |
| Amount (\$)<br>\$21.66<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>350 Fifth Ave<br>21st Floor<br>New York, NY 10004           |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense             | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Graphics Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule F1:<br>Sch: 10/12 Rpt: 26/28                                   | 2 FILER NAME<br>Patriot Mobile Action   | 3 Filer ID (Ethics Commission Filers)<br>00086595  |
| 4 Date<br>08/25/2024  | 5 Payee name<br>Shutterstock  |  |
| 6 Amount (\$)<br>\$31.39<br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code<br>350 Fifth Ave<br>21st Floor<br>New York, NY 10004 |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Graphics Subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH                                 |   |  |
| Date<br>09/25/2024  | Candidate/Officeholder name Office sought Office held                                       |  |
| Payee name<br>Shutterstock  |   |  |
| Amount (\$)<br>\$31.39<br><input type="checkbox"/> Expenditure from corporate funds   | Payee address; City; State; Zip Code<br>350 Fifth Ave<br>21st Floor<br>New York, NY 10004   |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Graphics Subscription |
| Complete ONLY if direct expenditure to benefit C/OH                                   |   |  |
| Date<br>09/16/2024  | Candidate/Officeholder name Office sought Office held                                       |  |
| Payee name<br>The Gober Group   |   |  |
| Amount (\$)<br>\$125.00<br><input type="checkbox"/> Expenditure from corporate funds  | Payee address; City; State; Zip Code<br>PO Box 341016<br>Austin, TX 78734                   |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Legal Consulting      |
| Complete ONLY if direct expenditure to benefit C/OH                                   |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/12 Rpt: 27/28  | <b>2</b> FILER NAME<br>Patriot Mobile Action   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086595   |
| <b>4</b> Date<br>07/11/2024   | <b>5</b> Payee name<br>The Gober Group   |  |
| <b>6</b> Amount (\$)<br>\$125.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 341016<br><br>Austin, TX 78734         |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Legal Consulting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |  |  |
| Date<br>09/04/2024  | Candidate/Officeholder name<br>Webster Parish Clerk of Court                                   |  |
| Amount (\$)<br>\$20.91<br><br><input type="checkbox"/> Expenditure from corporate funds           | Office sought<br>PO Box 370<br>410 Main St<br>Minden, LA 71055                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reserch          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |  |
| Date<br>07/26/2024  | Candidate/Officeholder name<br>Wix.com   |  |
| Amount (\$)<br>\$311.76<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>40 W 27th St<br><br>New York, NY 10001  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Web Hosting      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 12/12 Rpt: 28/28                                   | 2 FILER NAME<br>Patriot Mobile Action  | 3 Filer ID (Ethics Commission Filers)<br>00086595  |
| 4 Date<br>07/25/2024  | 5 Payee name<br>X Corp   |  |
| 6 Amount (\$)<br>\$90.72<br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code<br>1355 Market St<br>Ste 900<br>San Francisco, CA 94103 |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Social Media Subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                          | Candidate/Officeholder name  | Office sought<br>Office held   |