CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00050436 Date Received COMMITTEE Dallas/Fort Worth Conservative Voters **ELECTRONICALLY FILED** NAME 10/21/2024 TREASURER Lane, Stuart M. (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 07/01/2024 10/26/2024 **EXPLANATION OF CORRECTION** Correction because of update. Additional unplanned expenses occurred for printing costs in the filing period of the report. Report updated with the printing cost and additional donations received. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Stuart M. Lane Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00050436 3 COMMITTEE NAME **OFFICE USE ONLY** Dallas/Fort Worth Conservative Voters Date Received **ELECTRONICALLY FILED** 10/21/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 173065 Date Hand-delivered or Date Postmarked Change of Address Arlington, TX 76003 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Stuart M. NAME NICKNAME LAST **SUFFIX** Lane STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** P.O. Box 173065 STREET **ADDRESS** (Residence or Business) Arlington, TX 76003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 173065 MAILING **ADDRESS** Arlington, TX 76003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 609-4041 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ 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)
Dallas/Fort Worth C	onservative Voters		00050436	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Craddick christi Railroad Comr	missioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	655.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,005.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	3,011.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I IG PERIOD	DAY \$	7,211.76
OUTSTANDING LOAN TOTALS	II	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Stuar	t M. Lane	
		Signature of Car	mpaign Treasure	r
AFFIX NOTA	ARY STAMP / SEAL ABOVE			
Sworn to and subscr	ibed before me, by the said _	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

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						1 ago 1 01 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Dallas/Fort Worth Conse	ervative Voters			00050436	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jimmy Blacklock Supreme Cour	t Justice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	John Devine Supreme Court Ju	stice	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Com Domic Cuprome Countries		
	(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	Jane Bland Supreme Court Just	tice	
	(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.)				
			<u> </u>			

FORM GPAC ADDENDUM

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OMMITTEE NAME allas/Fort Worth Conso OMMITTEE CTIVITY attach lists on plain aper to complete this port if necessary.)	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.)		sed	David Schen	eck Court of Crim	13 Filer ID 00050436 inal Appeals, Pi	
OMMITTEE CTIVITY attach lists on plain aper to complete this	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.)	B. Oppos	sed	David Schen	eck Court of Crim		
OMMITTEE CTIVITY attach lists on plain aper to complete this	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.)	B. Oppos	sed	David Schen	eck Court of Crim		
aper to complete this	(Describe by date and location of election and nature of issue.)	A. Suppo					
	(Describe by date and location of election and nature of issue.)		orted				
		B. Oppos					
			sed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE 1. Candidates			rted	Gina Parkor	Court Of Criminal	Anneals Judge	
CTIVITY	(Identify by name or, if applicable, classify by party.)		ntou	Gilla i aikei	Court of Crimina	Appeals, Judge	-
attach lists on plain aper to complete this port if necessary.)		B. Oppos	sed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted				
		B. Oppos	sed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Lee Finley C	ourt Of Criminal A	ppeals, Judge	
attach lists on plain aper to complete this port if necessary.)		B. Oppos	sed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted				
		B. Oppos	sed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
1 F	DMMITTEE CTIVITY ctach lists on plain per to complete this	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) CHACH lists on plain per to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposition of election and nature of issue. 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Opposition of election and nature of issue.) B. Opposition of election and nature of issue.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Example 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if leading and location of election and nature of issue.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Lee Finley Court Of Criminal A supported to complete this port if necessary.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Tach lists on plain per to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Lee Finley Court Of Criminal Appeals, Judge (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Dallas/Fort Worth Conse	ervative Voters			00050436	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brandon Hall State Board Of Ed	I Iucation	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Phil King State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tim King State Schator		
	(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	Tan Parker State Senator		
	(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.)				
		Assisted				

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TTEE NAME Fort Worth Consorted TTEE TY ists on plain complete this necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	B. Oppo	osed	Nate Schatzline State	13 Filer ID 00050436 Representative	(Ethics Commission Filers)
ists on plain complete this necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	B. Oppo	osed	Nate Schatzline State		
ists on plain complete this necessary.)	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	B. Oppo	osed	Nate Schatzline State	Representative	
complete this necessary.)	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	A. Supp	ported			
	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	В. Орро				
	Assisted (Identify by name or, if applicable, classify by party.)		osed			
	Assisted (Identify by name or, if applicable, classify by party.)					
	4 0	1				
	COMMITTEE 1. Candidates			Tony Tinderholt State	Renresentative	
	(Identify by name or, if applicable, classify by party.)		po. 10 u	Tony Imacmon State	representative	
ists on plain complete this necessary.)		В. Орро	osed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	ported			
		В. Орр	osed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
ITEE 'Y	Candidates (Identify by name or, if	A. Supp	ported	David Cook State Re	resentative	
ists on plain complete this necessary.)		В. Орр	osed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	ported			
		В. Орр	osed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	ists on plain complete this	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates Y (Identify by name or, if applicable, classify by party.) ists on plain complete this necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) TTEE 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opp 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opp 3. Officeholders Assisted	(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) TTEE Y 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) FTEE Y 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported David Cook State Reprince this necessary.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed	(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) FITEE Y 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported David Cook State Representative (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Dallas/Fort Worth Cons	ervative Voters			00050436	
14	COMMITTEE	1. Candidates	A. Supported	John McQueeney State Represe	L entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		John McQueency State Nepres	enauve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
applicable, classify by party COMMITTEE 1. Candidates				Ciguanni Canzinliana Ctata Da	rocontati: :-	
	COMMITTEE ACTIVITY	(Identify by name or, if	A. Supported	Giovanni Capriglione State Rep	resentative	
	(Attach lists on plain	applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charlie Geren State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted	_			
		(Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Dallas/Fort Worth Conse	ervative Voters			00050436	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Clint Burgess State Representat	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Chris Wolfe District Judge		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		William Knight Criminal District (Court Judge, Ta	ırrant Co.
	(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.)				

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						1 ago 10 01 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Dallas/Fort Worth Conse	ervative Voters			00050436	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Douglas Allen Criminal Distric	L ct Court Judge, Ta	arrant Co.
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Bill Waybourn Sheriff		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Jiii Waybouin Sheiiii		
	(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.)		Rick Barnes Tax Assessor C	ollector	
	(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.)				
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Dallas/Fort Worth Conse	ervative Voters			00050436	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Michael Barber County Commis	ssioner	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Sunnorted	Matt Krause County Commissio	ner	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Matt Mause County Commission	ilei	
	(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	David Woodruff Constable		
	(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.)				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

					ADDENDUM
					Page 12 of 16
				13 Filer ID	(Ethics Commission Filers)
servative Voters				00050436	
Candidates (Identify by name or, if applicable, classify by party.)		John Kiefer Con	stable		
2. Measures (Describe by date and location of election and nature of issue.)					
	B. Opposed				
Assisted					
	Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted	A. Supported John Kiefer Constable A. Supported John Kiefer Constable

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			13 of	16				
17 COMMITTE Dallas/For	EE NAME rt Worth Conservative Voters	18 Filer ID 00050436	(Ethics Commission Filer	s)				
19 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUN	NT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,0	05.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION							
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$					
9.	SCHEDULE E: LOANS		\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 3,0)11.21				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 14/16	
2	FILER NAME Dallas/Fort V	Vorth Conservative Voters		3	Filer ID (Ethics Commission 00050436	n Filers)
4	Date 08/04/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Keller, TX 76248				
8	retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/22/2024	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Principal occu	Arlington, TX 76001 pation / Job title (See Instructions)	Employer (See Instructions)		
	Education	sation, con the (occ manachons)	Employer (See moradions	,		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_ Kenny, Vivian Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00	
	Arlington, TX 76001					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:Kenny, Vivian Contributor address; City; State; Zip Code Arlington, TX 76001)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_ Koester, Paul Contributor address; City; State; Zip Code Saginaw, TX 76179			Amount of Contribution (\$)	\$350.00
	Principal occu Education	pation / Job title (See Instructions)	Employer (See Instructions)		
		,				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 2/2 Rpt: 15/16	
2	FILER NAME Dallas/Fort V	ME ort Worth Conservative Voters		3	Filer ID (Ethics Commission Filers) 00050436	
4	Date 09/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Arlington, TX 76016				
8	Principal occu engineer	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Montgomery, Darrell Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occur	Arlington, TX 76017 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	retired	odition 7 30b title (See Instructions)	Employer (See instructions	')		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#: Scarborough, Kyle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Arlington, TX 76001				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_collins, Bill Contributor address; City; State; Zip Code Fort Worth, TX 76109)		Amount of Contribution (\$)	\$200.00
	Principal occupation / Job title (See Instructions) Employer (See Instruction attorney			5)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_heberling, M. J. Contributor address; City; State; Zip Code Fort Worth, TX 76179			Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	;)		

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 Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	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: 1/1 Rpt: 16/16	Dallas/Fort Worth Conservative Voters 00050436					
4 Date	5 Payee name					
10/02/2024	Precision Press					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$537.60	900 West Main Street					
Expenditure from corporate funds	Arlington, TX 76013					
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 Printing and mail service					
	Finding and mail service					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
· · · · · · · · · · · · · · · · · · ·						
Date	Payee name					
10/21/2024	Precision Press					
Amount (\$)	Payee address; City; State; Zip Code					
\$487.13	900 West Main Street					
— Forestitus from						
Expenditure from corporate funds	Arlington, TX 76013					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Printing Expense					
EXPENDITORE	Check if Austin, TX, officeholder living expense					
	printing cards					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
experience to benefit 0/011						
Date	Payee name					
10/02/2024	USPS					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,986.48	4108 SW GREEN OAKS BLVD					
Expenditure from corporate funds	Arlington, TX 76017					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Postage Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Postage					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH						