#### 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) 00066799 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Patriots State PAC Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. BOX 130184 Date Hand-delivered or Date Postmarked Change of Address The Woodlands, TX 77393 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Nancy NAME NICKNAME LAST **SUFFIX** Sievert STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2 South Floral Leaf Circle STREET **ADDRESS** (Residence or Business) The Woodlands, TX 77381 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2 South Floral Leaf Circle MAILING **ADDRESS** The Woodlands, TX 77381 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 206-0913 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** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Patriots State P	AC		00066799	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Christi Craddick Railroad	I Commissione	er
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	330.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,245.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	r DAY \$	16,075.12
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		I	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Nanc	y Sievert	
		Signature of Ca	ampaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

### FORM GPAC ADDENDUM

Page 3 of 36

COMMITTEE NAME				1	
COMMITTEL NAME				13 Filer ID	(Ethics Commission Filers)
Texas Patriots State PA	С			00066799	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Judge Jimmy Blacklock Supren	I ne Court 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	Judge John Devine, Supreme C	ourt Justice	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(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	A. Supported	Judge Jane Bland Supreme Co	urt Justice	
(Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this eport if necessary.)	ACTIVITY  (Attach lists on plain paper to complete this report 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.)  (Attach lists on plain paper to complete this report 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.)  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.)  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.)  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 applicable, classify by party.)	ACTIVITY Attach lists on plain paper to complete this report 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.)  Attach lists on plain paper to complete this report if 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.)  B. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)	Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  4. Supported Judge John Devine Supreme C (Describe by date and location of election and nature of issue.)  5. Opposed Devine Supreme C (Describe by date and location of election and nature of issue.)  6. Opposed Devine Supreme C (Describe by date and location of election and nature of issue.)  7. Match lists on plain apper to complete this eport if necessary.)  8. Opposed Devine Supreme C (Describe by date and location of election and nature of issue.)  8. Opposed Devine Supreme C (Describe by party).  8. Opposed Devine Supreme C (Describe by party).  8. Opposed Devine Supreme C (Describe by party).  9. Opposed Devine Supreme C (Describe by party).  9. Opposed Devine Supreme C (Describe by party).  1. Candidates (Describe by date and location of election and nature of issue.)  1. Candidates (Describe by date and location of election and nature of issue.)  8. Opposed Development Devine Supreme Co (Describe by date and location of election and nature of issue.)  8. Opposed Development Devine Supreme Co (Describe by date and location of election and nature of issue.)  9. Opposed Development Deve	DOMMITTEE ACTIVITY  1. Candidates (destrictly by name or, if applicable, classify by party).  2. Measures (Describe by date and location of election and nature of state).  3. Officeholders Assisted (destrictly by party).  3. Opposed  3. Opposed  3. Opposed  3. Opposed  4. Supported Judge John Devine Supreme Court Justice (destrictly by party).  5. Opposed  5. Opposed  6. Opposed  8. Opposed  8. Opposed  9. Opposed  9. Opposed  1. Candidates (destrictly by party).  8. Opposed  9. Opposed  1. Candidates (destrictly by party).  8. Opposed  9. Opposed  1. Candidates (destrictly by party).  8. Opposed  1. Candidates (destrictly by party).  9. Opposed  1. Candidates (destrictly by party).  2. Measures (Describe by date and location of election and nature of state).  1. Candidates (destrictly by party).  2. Measures (Describe by date and location of election and nature of destrictly by party).  3. Officeholders (Describe by date and location of election and nature of destrictly by party).  4. Supported Judge Jane Bland Supreme Court Justice (destrictly by party).  8. Opposed  1. Candidates (destrictly by party).  1. Candidates (destrictly by party).  2. Measures (Describe by date and location of election and nature of destrictly by party).  3. Officeholders (Describe by date and location of election and nature of destrictly by party).  8. Opposed  9. Opposed  1. Candidates (describer by date and location of election

### FORM GPAC ADDENDUM

Page 4 of 36

					1 ago 1 ol oo
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Patriots State PA	.C			00066799
	COMMITTEE	1. Candidates	A Supported	Mr. David Cabanal, Count of Cris	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Mr. David Schenck Court of Crir	ninai Appeais, Presiding Judge
	(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		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE	Candidates		Ms. Gina Parker Court Of Crimin	aal Appeals Judge
	ACTIVITY	(Identify by name or, if	A. Supported	Ms. Gina Parker Court Of Chinii	iai Appeais, Juuge
		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	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Lee Finley Court Of Crimina	l Appeals, Judge
	(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.)			

# FORM GPAC ADDENDUM

Page 5 of 36

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Patriots State PA	.C				00066799	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		oported	Paul Bettencourt State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
		Measures     (Describe by date and	A. Sup	ported			
		location of election and nature of issue.)					
			В. Ор	posed			
		3. Officeholders Assisted (Identify by name or, if					
	COMMITTEE	applicable, classify by party.)  1. Candidates		norted	Cecil Bell Jr. State Representati	ivo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		эропси	Cecii beli 31. State Representati	ive	
	(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	oported			
			В. Ор	posed			
		Officeholders     Assisted					
		(Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		oported	Steve Toth State Representative	е	
	(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed			
		2. Measures	A. Sup	ported			
		(Describe by date and location of election and nature of issue.)					
			В. Ор	posed			
		Officeholders     Assisted     (Identify by name or, if					
		applicable, classify by party.)					

### FORM GPAC ADDENDUM

Page 6 of 36

						1 age e el ee
12 (	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
-	Γexas Patriots State PA	.C			00066799	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Will Metcalf State Representative	re	
ļ	Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
-	COMMITTEE	1. Candidates	A. Supported	Janis Holt State Representative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		ouris from State Representative		
ļ	Attach lists on plain paper to complete this eport 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	Leanne Johnson Court of Appea	als,Chief Justice	9
ļ	Attach lists on plain Daper to complete this eport if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

### FORM GPAC ADDENDUM

Page 7 of 36

			1 ago 1 01 00
12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Texas Patriots State PAC			00066799
	A. Supported and a supported classify by party.)	Kent Chambers Court Of Appea	l lls, Justice
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Meas (Describe blocation of nature of is	by date and election and	d	
	B. Opposed		
COMMITTEE 1. Cand	lidates A. Supported	d Phil Grant District Judge	
ACTIVITY (Identify by	name or, if classify by party.)	This elast District dauge	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Meas (Describe be location of nature of is	by date and election and	d	
	B. Opposed		
COMMITTEE 1. Cand ACTIVITY (Identify by		Jenniefer James Robin District 3	Judge
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Meas (Describe b location of nature of is	by date and election and	d	
	B. Opposed		
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# FORM GPAC ADDENDUM

Page 8 of 36

			13 Filer ID	(Ethics Commission Filers)
AC			00066799	
Candidates (Identify by name or, if applicable, classify by party.)		Tracy Gilbert District Judge		
	B. Opposed			
Measures    (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Judge Patty Maginnis District J	udge	
	B. Opposed			
Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
Candidates     (Identify by name or, if applicable, classify by party.)		Judge Vince Santini District Jud	dge	
	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				
	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  3. Officeholders Assisted	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported  5. Opposed  6. Supported  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed	1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  1. Candidates (Describe by date and location of election and nature of issue.)  B. Opposed  4. Supported Judge Patty Maginnis District J (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted  4. Supported  Judge Vince Santini District Judge Patty Maginnis District Judge Patty Maginnis District Judge Vince Santini District Judge Vince Santin	AC  1. Candidates (dentity 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 (dentity by name or, if applicable, classify by party.)  1. Candidates (dentity by name or, if applicable, classify by party.)  B. Opposed  4. Supported Judge Patty Maginnis District Judge (dentity by name or, if applicable, classify by party.)  B. Opposed  5. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  5. Opposed  6. Supported Judge Patty Maginnis District Judge (dentity by name or, if applicable, classify by party.)  B. Opposed  7. Supported District Judge Vince Santini District Judge (dentity by name or, if applicable, classify by party.)  8. Opposed  7. Candidates (dentity by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  7. Candidates (dentity by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  9. Opposed  8. Opposed  9. Opposed  10. Candidates (dentity by name or, if applicable, classify by party.)  11. Candidates (dentity by name or, if applicable, classify by party.)  12. Candidates (dentity by name or, if applicable, classify by party.)  13. Officeholders Assisted  14. Supported District Judge Vince Santini District Judge (dentity by name or, if applicable, classify by party.)  15. Candidates (dentity by name or, if applicable, classify by party.)  16. Opposed

# FORM GPAC ADDENDUM

Page 9 of 36

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
_	Texas Patriots State PA	.C			00066799
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Brett Ligon District Attorney	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		Measures     (Describe by date and location of election and	A. Supported		
		nature of issue.)	R Opposed		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE	Candidates		Keith Stewart Judge County Co	ourt At Law Montgomery County
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Rein Stewart Studge County Co	and At Law Montgomery County
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted			
		(Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		B.D. Griffin County Attorney Mo	ontgomery County
	(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.)			

# FORM GPAC ADDENDUM

Page 10 of 36

						1 ago 10 01 00
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Patriots State PAC					00066799	
	Candidates	A Supported	Weeley Deelittle	Chariff Mantag		
ACTIVITY (Ident	tify by name or, if cable, classify by party.)	A. Supported	Wesley Doolittle	Sheriii Monigo	mery County	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
2. N	Measures	A. Supported				
location	cribe by date and on of election and e of issue.)					
		B. Opposed				
	Officeholders Assisted tify by name or, if cable, classify by party.)					
		A Supported	Tammy McDae	County Tay-Ass	sessor Collector	Montgomery County
ACTIVITY (Ident	tify by name or, if cable, classify by party.)	7. Supported	rammy werkae	County Tax-A33	cessor concetor	Workgomery County
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Desc locatio	Measures cribe by date and on of election and e of issue.)	A. Supported				
		B. Opposed				
A (Ident	Officeholders Assisted lify by name or, if					
	cable, classify by party.)					
ACTIVITY	Candidates tify by name or, if cable, classify by party.)	A. Supported	Robert Walker (	County Commiss	sioner Precinct 1	1 Montgomery County
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
2. N	Measures	A. Supported				
location	cribe by date and on of election and e of issue.)					
		B. Opposed				
, A	Officeholders Assisted					
	tify by name or, if cable, classify by party.)					

# FORM GPAC ADDENDUM

Page 11 of 36

							9	0 11 0.00
12	COMMITTEE NAME						13 Filer ID (Ethics Commi	ssion Filers)
	Texas Patriots State PA	.C					00066799	
11	COMMITTEE	1. Candidates	ΙΛ 0	Supported	Ditab Whaalar	County Commissi		n. Countr
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		oupporteu	Rich wheeler	County Commissi	ioner Precinct 3 Montgome	ry County
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
		2. Measures	A. S	Supported				
		(Describe by date and location of election and nature of issue.)						
			B. C	Opposed				
		Officeholders     Assisted     (Identify by name or, if)						
		applicable, classify by party.)						
	COMMITTEE ACTIVITY	1. Candidates	A. S	Supported	Phillip Cash Co	nstable Precinct	1 Montgomery County	
		(Identify by name or, if applicable, classify by party.)						
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
			B. C	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.)		Supported	David Eason C	onstable Precinct	2 Montgomery County	
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
			B. C	Opposed				
		3. Officeholders Assisted						
		(Identify by name or, if applicable, classify by party.)						

# FORM GPAC ADDENDUM

Page 12 of 36

					1 ago 12 01 00
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Patriots State PA	.C			00066799
	COMMITTEE	1. Candidates	A Supported	Dyan Cable Canatable Presinct	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Ryan Gable Constable Precinct	3 Montgomery County
	(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		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE	Candidates		Kannath Dawdy Haydan Canata	phle Presinct 4 Mentgement County
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Kenneth Rowdy Hayden Consta	able Precinct 4 Montgomery County
	(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	Candidates (Identify by name or, if applicable, classify by party.)		Chris Jones Constable Precinct Montgomery County	5
	(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.)			

# FORM GPAC ADDENDUM

Page 13 of 36

							1 ago 10 01 00
12	COMMITTEE NAME					13 Filer ID (	Ethics Commission Filers)
	Texas Patriots State PA	.C				00066799	
	COMMITTEE	Candidates	A Supported	Kallay Immar A	Montgomes Co		at Director Drasinst 1
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Kelley Inman	Montgomery Coun	ty Hospitai Distri	ct Director Precinct 1
	(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	A. Supported	Jackie Williams	Montgomery Co	unty Hospital Dis	strict Director Precinct 2
		(Identify by name or, if 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	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jason Walker Position 1	Montgomery Cour	nty Hospital Distr	ict Director At Large
	(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.)					

### FORM GPAC ADDENDUM

Page 14 of 36

COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)	
Texas Patriots State PA	iC			00066799	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Bob Bagley Montgomery County Hospital District Director At Large Position 3		
(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.)				
0011111777					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jennifer Kratky Tomball ISD Tru	stee Position 6	
(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.)		Nicole May Conroe ISD Trustee	Position 4	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	applicable, classify by party.)				

# FORM GPAC ADDENDUM

Page 15 of 36

					1 ago 10 01 00
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Patriots State PA	.C			00066799
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Lindsay Dawson Conroe ISD Tr	ustee Position 5
	(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		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE	1. Candidates	A. Supported	Melissa Semmler Conroe ISD T	rustee Position 6
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			
	(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			
	OOMMITTEE	applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Marianne Horton Conroe ISD Tr	rustee Position 7
	(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		
		3. Officeholders Assisted			
		(Identify by name or, if applicable, classify by party.)			

# FORM GPAC ADDENDUM

Page 16 of 36

						Fage 10 01 30
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Patriots State PA	AC .				00066799	9
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Elvin Misut	The Woodlands <sup>-</sup>	Township Board	Position 3
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates		Crain Fissler	The Woodland	s Township Boar	rd Position 4
ACTIVITY	(Identify by name or, if applicable, classify by party.)		oralg Eloolo	The Westiana	o romionip Boar	
(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.)					

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

	17 of 36				
<b>17</b> CON	имітте	EE NAME	18 Filer ID	(Ethics Cor	nmission Filers)
Tex	as Pat	riots State PAC	00066799	•	,
10 SCH	IEDLILI	E SUBTOTALS			
		SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	315.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	15.00
		(		٩	10.00
		COLIED HE D. DI EDGED CONTRIBUTIONS			
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	ND		
4.	Ш	ORGANIZATION	, T.	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
				<u> </u>	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		_	
l '·	Ш	ORGANIZATION		\$	
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	10,245.48
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	ш	CONTEDUCE 1 2. CIM AND INCOMMED OBLIGATIONS		۳	
10		COLUED III E FO. DUDOLIAGE OF INVESTMENTS EDOM DOLITICAL CONTRIBUTION	ONIO	_	
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	UNS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
		TO FILER			
I					

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 18/36	
2	FILER NAME Texas Patrio	ts State PAC			3	Filer ID (Ethics Commission 00066799	ı Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  7 Bledsoe, William  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
_	Dringing Loon	The Woodlands, TX 77381	10	Employer (Coa Instruction	<u></u>		
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 10/11/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	The Woodlands, TX 77381 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	 s)		
	retired			retired			
Date Full name of contributor out-of-state PAC (ID# 10/15/2024 Cook, Gena  Contributor address; City; State; Zip Code			)	•	Amount of Contribution (\$)	\$20.00	
		Lenoir, NC 28645					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/06/2024	Full name of contributor out-of-state PAC (ID#:_Lawrence, Steven  Contributor address; City; State; Zip Code  The Woodlands, TX 77381		)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date  Full name of contributor out-of-state PAC (ID#:)  Metzer, Gary  Contributor address; City; State; Zip Code  The Woodlands, TX 77381			Amount of Contribution (\$)	\$20.00			
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Progressive Global Ene		,	
			1				

	MONETARY POLI	FICAL CONTRIBU	TIONS	SCHEDULE A1
	The Instruction Guide exp	1 Total pages Schedule A1: Sch: 2/2 Rpt: 19/36		
2	FILER NAME Texas Patriots State PAC	3 Filer ID (Ethics Commission Filers) 00066799		
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  10/01/2024 O'Sullivan, William  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00	
8	The Woodland Principal occupation / Job title (Se		9 Employer (See Instruction	ons)
	Retired  Date Full name of contributor out-of-state PAC (ID#:)  10/13/2024 Sievert, Nancy  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (Se Executive Administrator			

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/36 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Patriots State PAC 00066799 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/30/2024 Rieser, Bruce \$15.00 Fee for Zoom calls to vet 7 Contributor address; City; State; Zip Code candidates The Woodlands, TX 77381 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) retired retired 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	;	3 Filer ID (Ethics Commission Filers)
Sch: 1/16 Rpt: 21/36	Texas Patriots State PAC		00066799
4 Date	5 Payee name		
10/25/2024	CAZ Consulting, LLC		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
\$8,733.80	7720 Laura Lake Lane		
Expenditure from			
corporate funds	Fort Worth, TX 76126		
8 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	MMS Texts		utside of Texas. Complete Schedule T.
		<b>-</b>	TX, officeholder living expense s in support of CISD Board candidates
			Semmler, Horton
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>1</sup> May, Nicole	Conroe Board of Trustees	None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE			utside of Texas. Complete Schedule T.
		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>1</sup> Dawson, Lindsay	Conroe Board of Trustees	None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
, ,	, , ,	•	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF	(See Gategories listed at the top of this	··············/   · · · ·	utside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, 7	ΓX, officeholder living expense
Complete ONLY if dispet	Candidate/Officeholder name	Office country	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Semmler, Melissa	Office sought Conroe Board of Trustees	Office held None
	Schillier, Melissa	Comoe Dodia or Trusides	NOTIC

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 22/36	Texas Patriots State PAC	00066799
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Horton, Marianne Conroe Board of Trustees	None
	Date	Payee name	
	10/26/2024	Moonclerk	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.89	1040 W. Washington St.	
	Expenditure from corporate funds	Greenville, SC 29601	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
			ebsite donation fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/10/2024	Texas Ethics Commission	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$130.00	P.O. Box 12070	
		Capitol Station	
	Expenditure from corporate funds	Austin, TX 78711-2070	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		November 2	023 Election Corrected Report
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transport Travel in I Travel Ou	n/Fundraising Expense ation Equipment & Related Expense District it of District enter a category not listed above)
Great Gara Fayment	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 3/16 Rpt: 23/36	Texas Patriots State PAC		000667	799
4 Date	5 Payee name			
10/23/2024	Wright's Printing LLP			
6 Amount (\$)	7 Payee address; City; State	e; Zip Code		
\$1,371.79	2407 Timberloch Place			
	Suite A			
Expenditure from corporate funds	The Woodlands, TX 77380-1039			
8 PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description		
OF EXPENDITURE	Printing Expense	Check if travel		s. Complete Schedule T.
		-	, TX, officeholde	er living expense
		Voter guides		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Offi	ice held
expenditure to benefit C/O		Railroad Commissioner		ilroad Commissioner
Data				
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State	e; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel		s. Complete Schedule T. er living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Offi	ice held
expenditure to benefit C/O	İ	Supreme Court Justice Pla	ace 2 Su	preme Court Justice Place 2
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State	e; Zip Code		
, ,				
Expenditure from				
corporate funds		1		
PURPOSE OF	(a) Category (See Categories listed at the top of this so	′ <u> </u>	autoide of Toyo	s. Complete Schedule T.
EXPENDITURE		I <del>□</del>		er living expense
			, , ,	3 - 1
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Offi	ice held
expenditure to benefit C/O		Supreme Court Justice Pla		preme Court Justice Place 4
			<u> </u>	

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officenoider/Politica Credit Card Payment		explains how to complete this for	·	a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	· ·	3 Filer ID	(Ethics Commission Filers)		
Sch: 4/16 Rpt: 24/36	Texas Patriots State PAC		00066799	,		
4 Date	5 Payee name		•			
	(see previous)					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
Expenditure from corporate funds						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check	ion if travel outside of Texas. Con if Austin, TX, officeholder livin			
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office h	eld		
expenditure to benefit C/OF	Bland, Jane Supreme Court Justice Place 6 Supreme Court Justice Place 6					
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City;	State; Zip Code				
Expenditure from corporate funds						
PURPOSE OF	(a) Category (See Categories listed at the to	· · · · · · · · · · · · · · · · · · ·				
EXPENDITURE			if travel outside of Texas. Con if Austin, TX, officeholder livin			
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office h	eld		
expenditure to benefit C/O	<sup>1</sup> Schenck, David	Court Of Criminal Ap	peals, None			
Date	Payee name (see previous)					
Amount (\$)	Payee address; City;	State; Zip Code				
Expenditure from corporate funds						
PURPOSE OF	(a) Category (See Categories listed at the to			unlata Cabadula T		
EXPENDITURE			if travel outside of Texas. Con if Austin, TX, officeholder livin			
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office h	eld		
expenditure to benefit C/O	<sup>H</sup> Parker, Gina	Court Of Criminal Ap	peals, None			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	OTTLER (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 25/36	Texas Patriots State PAC		00066799
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Of	ffice sought	Office held
expenditure to benefit C/O		ourt Of Criminal Appeals	
Date			
Date	Payee name		
	(see previous)		
Amount (\$)  Expenditure from corporate funds	Payee address; City; State;	Zip Code	
PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.  , TX, officeholder living expense
Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/OI	H Bettencourt, Paul St	tate Senator District 7	State Senator District 7
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/OF	H Bell, Cecil St	tate Representative Distr	rict 3 State Representative District 3

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	l 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: 6/16 Rpt: 26/36	Texas Patriots State PAC 00066799
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Toth, Steve State Representative District 15 State Representative District 15
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
7 aoae (+)	- 1,500 add. 500, 51,51
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	Metcalf, Will State Representative District 16 State Representative District 16
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
, ,	
Expenditure from	
corporate funds	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Greck ii Austiri, 1A, oniceriolaer iiving expense
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	Tion, Janis State Representative District 18 Notice

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officenoider/Politica Credit Card Payment		Salaries/Wages/Contract explains how to complete this		HER (enter a c	ategory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Fil	er ID	(Ethics Commission Filers)
Sch: 7/16 Rpt: 27/36	Texas Patriots State PAC		00	0066799	
4 Date	5 Payee name		•		
	(see previous)				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Che	ption ock if travel outside o ock if Austin, TX, offic		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office hel	d
expenditure to benefit C/O	<sup>H</sup> Johnson, Leanne	Court Of Appeals, .	Justice Place	Court Of	Appeals, Justice Place
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Che	ption ack if travel outside o ack if Austin, TX, office		
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office hel	d
expenditure to benefit C/OF	<sup>1</sup> Chambers, Kent	Court Of Appeals, .	Justice Place	Court Of	Appeals, Justice Place
Date	Payee name (see previous)				
Amount (\$)  Expenditure from corporate funds	Payee address; City;	State; Zip Code			
·	(1)	10.5			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Che	ption eck if travel outside o eck if Austin, TX, offic	·	
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office hel	d
expenditure to benefit C/O	H Grant, Phil	District Judge Distr	ict 9th	District J	udge District 9th

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Printing Expense Travel Out Salaries/Wages/Contract Labor OTHER (er

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

	Credit Card Payment	The Instruction Guide	e explains how to c	omplete this form.		
1	Total pages Schedule F1: Sch: 8/16 Rpt: 28/36	FILER NAME     Texas Patriots State PAC		3	Filer ID (Ett 00066799	nics Commission Filers)
4	Date	5 Payee name (see previous)				
6	Amount (\$)  Expenditure from	7 Payee address; City;	State; Zip C	ode		
L	corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)		tside of Texas. Complete : X, officeholder living expe	
9	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught	Office held	
	expenditure to benefit C/OI	<sup>H</sup> Robin, Jennifer James	District 3	Judge District 410th	District Jud	ge District 410th
	Date	Payee name (see previous)				
	Amount (\$)  Expenditure from corporate funds	Payee address; City;	State; Zip C	ode		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)		tside of Texas. Complete : X, officeholder living expe	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  H Gilbert, Tracy	Office so	ught Judge District 418th	Office held District Jud	ge District 418th
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip C	ode		
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)	. =	tside of Texas. Complete : X, officeholder living expe	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  H Maginnis, Patty	Office so	ught Judge District 418th	Office held District Jud	ge District 418th

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onto a category pet listed above)

	Credit Card Payment	The Instruction Guide expla		omplete this form.	OTTIER (enter	a category not listed above)
1	Total pages Schedule F1:			<u> </u>	3 Filer ID	(Ethics Commission Filers)
	Sch: 9/16 Rpt: 29/36	Texas Patriots State PAC			00066799	•
4	Date	5 Payee name			•	
		(see previous)				
6	Amount (\$)	7 Payee address; City; S	tate; Zip C	ode		
	,		,			
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of th	is echodulo)	(b) Description		
	OF	(See Categories listed at the top of th	is scriedule)		outside of Texas. Co	mplete Schedule T.
	EXPENDITURE			Check if Austir	n, TX, officeholder livir	ng expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught	Office h	neld
	expenditure to benefit C/OF	<sup>1</sup> Santini, Vince	District 3	Judge District 457t	th Distric	t Judge District 457th
	Date	Payee name				
	Dute	(see previous)				
	4 (4)					
	Amount (\$)	Payee address; City; S	tate; Zip C	ode		
_	Expenditure from					
	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of th	is schedule)	(b) Description		
	OF	(coo categories notes at an top or an	10 001104410)		outside of Texas. Co	mplete Schedule T.
	EXPENDITURE			Check if Austir	n, TX, officeholder livir	ng expense
	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught	Office h	neld
	expenditure to benefit C/OF	<sup>1</sup> Ligon, Brett	District A	Attorney District 9t	h Distric	t Attorney District 9th
	Date	Payee name				
		(see previous)				
	Α(Φ)		tata. Zin C	- d-		
	Amount (\$)	Payee address; City; S	tate; Zip C	ode		
_	Expenditure from					
	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of th	is schedule)	(b) Description		
	OF EXPENDITURE	,	,	Check if travel	outside of Texas. Co	mplete Schedule T.
	EXPENDITORE			Check if Austir	n, TX, officeholder livir	ng expense
	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught	Office h	neld
	expenditure to benefit C/OF	<sup>1</sup> Stewart, Keith	Judge, N	Montgomery Coun	ty Judge	, Montgomery County

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

g Expense Travel in District g Expense Travel Out of D es/Wages/Contract Labor OTHER (enter a

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

Credit Card Payment	The Instruction Guide	e explains how to complete this form.	, , ,
1 Total pages Schedule F1: Sch: 10/16 Rpt: 30/36	FILER NAME     Texas Patriots State PAC		3 Filer ID (Ethics Commission Filers) 00066799
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if tra	evel outside of Texas. Complete Schedule T. Sistin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Griffin, B.D.	Office sought Montgomery County Att	Office held orney Montgomery County Attorney
Date	Payee name (see previous)		
Amount (\$)  Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if tra	evel outside of Texas. Complete Schedule T. estin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name  Doolittle, Wesley	Office sought Montgomery County Sh	Office held eriff None
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if tra	evel outside of Texas. Complete Schedule T. estin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name  McRae, Tammy	Office sought Montgomery County Ta	Office held x Montgomery County Tax

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guid	e explains how to com	plete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 11/16 Rpt: 31/36	Texas Patriots State PAC			00066799	
4	Date	5 Payee name		•		
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Cod	e		
	- Consodition form					
L	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	b) Description		
	OF EXPENDITURE				tside of Texas. Com	
				Check if Austin, T.	X, officeholder living	g expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office h	eld
	expenditure to benefit C/O		Montgome		Montgo	mery County
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Cod	e		
	.,					
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	b) Description		
	OF EXPENDITURE	, ,		<u> </u>	tside of Texas. Com	
				Check if Austin, T.	X, officeholder living	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office h	eld
	expenditure to benefit C/O		Montgome		None	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Cod	e		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, р			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the	ton of this schedule)	b) Description		
	OF EXPENDITURE	(See Suitegories instead at the	top of this softedute)		tside of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin, T.	X, officeholder living	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office h	əld
	expenditure to benefit C/O			ery County Consta		omery County Constable,
			gome			Journal of the control of

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains ho	w to complete this form.	OTTLER (enter a category not isseed above)
1 Total pages Schedule F1:	•	·	3 Filer ID (Ethics Commission Filers)
Sch: 12/16 Rpt: 32/36	Texas Patriots State PAC		00066799
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
, ,		•	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description	
OF EXPENDITURE		′ I — `	el outside of Texas. Complete Schedule T.
LAFLINDITONE		Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ice sought	Office held
experiulture to benefit C/Oi	Eason, David Mo	ntgomery County Cons	stable, None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; 2	Zip Code	
, ,			
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul		
EXPENDITURE		<u> </u>	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Cricck ii Austi	in, 17, onlectioner living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Offi	ice sought	Office held
expenditure to benefit C/O	1	ntgomery County Cons	
	Cable, Nyan Iwo		stable, Workgomery County Constable,
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; 2	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Catagony	(h) Description	
OF	(a) Category (See Categories listed at the top of this schedul		el outside of Texas. Complete Schedule T.
EXPENDITURE		· · ·	in, TX, officeholder living expense
		-	
Complete ONLY if direct	Candidate/Officeholder name Offi	ice sought	Office held
expenditure to benefit C/O		ntgomery County Cons	stable, Montgomery County Constable,

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	(, , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 13/16 Rpt: 33/36	Texas Patriots State PAC		00066799
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City; Si	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name  Jones, Chris	Office sought  Montgomery County Cons	Office held stable, Montgomery County Constable,
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; Si	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Inman, Kelley	Office sought MCHD Director, Precinct 2	Office held None
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; Si	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Williams, Jackie	Office sought MCHD Director, Precinct 2	Office held 2 None

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/16 Rpt: 34/36	Texas Patriots State PAC 00066799
-	
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
— Foresteller from	
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Walker, Jason MCHD Director at Large Position None
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
7 πιοατιτ (ψ <i>)</i>	i ayoo aaarooo, Oity, Otato, Zip Oodo
Expenditure from	
corporate funds	<u>.</u>
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
Occupation Children	Open districts (Office the Island as a second secon
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.42.3.3.3.3.60.00.00.00.00	Bagley, Bob MCHD Director at Large Position None
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Cotogony (b) Description
OF PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 15/16 Rpt: 35/36	Texas Patriots State PAC 00066799	
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
O Commission ONLY if allowed	On a hidata (Office hadden granne Office a south	_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  May, Nicole Conroe ISD Trustee, Position 4 None	
	May, Nicole Conroe ISD Trustee, Position 4 None	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	<sup>1</sup> Dawson, Lindsay Conroe ISD Trustee, Position 5 None	
Date	Payee name	_
Duic	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
2/4 2/15/10/12	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
oxponditure to benefit 6/01	Semmler, Melissa Conroe ISD Trustee, Position 6 None	
i		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment		Salaries/wages e explains how to comple		OTHER (enter a category not ils	ted above)
1 Total pages Schedule F1:	2 FILER NAME		3 1	Filer ID (Ethics Com	nmission Filers)
Sch: 16/16 Rpt: 36/36	Texas Patriots State PAC			00066799	,
4 Date	5 Payee name		•		
	(see previous)				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
8 PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b)	Description		
OF EXPENDITURE			<b>=</b>	e of Texas. Complete Schedule	т.
			Check if Austin, 1x, o	officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/O		-	Trustee, Position 7		
	Horton, Manamie				
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b)	Description		
OF EXPENDITURE			<b>=</b>	e of Texas. Complete Schedule	Т.
EXI ENDITORE			Check if Austin, TX, o	officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office held	
experiditure to benefit C/Or	H Misut, Elvin	The Woodlar	nds Township,	None	
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
(*)	. , , , ,	, ,			
Expenditure from					
corporate funds					
PURPOSE OF	(a) Category (See Categories listed at the to	op of this schedule) (b)	Description		
EXPENDITURE			<u></u>	e of Texas. Complete Schedule officeholder living expense	Т.
			Crieck if Austin, 1X, 0	iniceriolder living expense	
Occupated ONLY if alice at	O and distant a lOffice at a latent and a second			O#:   -	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	ndo Tournahin	Office held	
	Eissler, Craig	The woodiar	nds Township,	None	