#### 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) 00086595 3 COMMITTEE NAME **OFFICE USE ONLY** Patriot Mobile Action Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 401 N Carroll Ave Suite 425 Date Hand-delivered or Date Postmarked Change of Address Southlake, TX 76092 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steve NAME NICKNAME LAST **SUFFIX** Martin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 N Carroll Ave Suite 425 STREET **ADDRESS** (Residence or Business) Southlake, TX 76092 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (301) 654-3220 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)
Patriot Mobile Action			00086595	
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported		
(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 check here if this report	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)	\$	254,066.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	236,864.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	133,514.66
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Ste	ve Martin	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath

## **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

					3 of 22
		EE NAME bile Action	<b>18</b> Filer ID 00086595	(Ethics Comn	nission Filers)
		E SUBTOTALS		SUBTO	TAL AMOUNT
NA	ME OF	SCHEDULE		332.3	1712711100111
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	245,400.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	8,666.37
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	236,864.38
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 CON	ITRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/22			
2	FILER NAME Patriot Mobil	e Action			3	Filer ID (Ethics Commission 00086595	n Filers)
4	Date 09/28/2024				7	Amount of Contribution (\$)	\$100.00
		Rochester, WA 98579	· · ·				
8	Principal occu CPA	pation / Job title (See Instructions)	9	Employer (See Instructions Stephen Angove CPA P			
	Date Full name of contributor out-of-state PAC (ID#:)  09/29/2024 FRENCH, TERESA  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	retired	retired					
	Date 09/29/2024					Amount of Contribution (\$)	\$10.00
		Vinton, LA 70668					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$200.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/01/2024 Nemeth, Gabor  Contributor address; City; State; Zip Code  Rolling Hills Estates, CA 90274					Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/22		
2	FILER NAME Patriot Mobil	e Action			3	Filer ID (Ethics Commission Filers) 00086595
4	Date 09/29/2024  5 Full name of contributor out-of-state PAC (ID#:) O'Leary, Marlene 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$25.00	
_	5	Alpine, WY 83128		<u> </u>		
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)	
	Date 09/29/2024	Full name of contributor PARKER, GREGG  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$) \$10.00
	Dringing age	Santee, CA 92071		Employer (Coo Instructions		
	Principal occupation / Job title (See Instructions) Employer (See Instruct Site Support Analyst Sharp Healthcare					
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$25,000.00	
		Grapevine, TX 76051				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 10/09/2024	Full name of contributor  Patriot Mobile LLC  Contributor address; City; State;  Grapevine, TX 76051	out-of-state PAC (ID#:	)		Amount of Contribution (\$) \$65,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date Full name of contributor out-of-state PAC (ID#:)  10/11/2024 Patriot Mobile LLC  Contributor address; City; State; Zip Code  Grapevine, TX 76051					Amount of Contribution (\$) \$115,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
			1			

TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
uction Guide explains how to complet	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/22	
E iile Action	3 Filer ID (Ethics Commission Filers) 00086595	
<ul> <li>5 Full name of contributor  out-of-state R</li> <li>Patriot Mobile LLC</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	7 Amount of Contribution (\$) \$40,000.00	
Grapevine, TX 76051		
supation / Job title (See Instructions)	9 Employer (See Instruction	ons)
)i	ile Action  5 Full name of contributor out-of-state of Patriot Mobile LLC  6 Contributor address; City; State; Zip Code	5 Full name of contributor

## 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: 7/22 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Patriot Mobile Action 00086595 \$ 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 Patriot Mobile LLC \$8,666.37 Administrative Costs 7 Contributor address; City; State; Zip Code Grapevine, TX 76051 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) 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

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

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

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/15 Rpt: 8/22	Patriot Mobile Action 00086595
4 Date	5 Payee name
09/27/2024	Anedot
6 Amount (\$) \$9.07	7 Payee address; City; State; Zip Code 5555 Hilton Ave
Ψ3.01	Suite 106
Expenditure from	Baton Rouge, LA 70808
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	PAC E-Merchant Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$6.46	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	PAC E-Merchant Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
10/03/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$1.95	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PAC E-Merchant Fee
0 1 0 0 1 0 0 1 0 0 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		G ee Le	ood/Beverage Expense ft/Awards/Memorials E gal Services he Instruction Gui	Expense		xpense Vages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILE	ER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 2/15 Rpt: 9/22	Pat	triot Mobile	Action						00086595	
4	Date	<b>5</b> Pay	ee name								
	09/27/2024	Ane	edot								
6	Amount (\$)	<b>7</b> Pay	ee address	; City;	State;	Zip Co	de				
	\$1.03	555	55 Hilton A	ve							
		Suit	te 106								
	Expenditure from corporate funds	Bat	ton Rouge	, LA 70808							
8	PURPOSE	(a) Cate	egory (See	Categories listed at the	e ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE		counting/B		c top or this some	,uuic)			outsio	de of Texas. Comp	olete Schedule T.
	EXPENDITURE							<b>—</b>		officeholder living	expense
								PAC E-Merch	nani	t Fee	
_	0 1. 0										
	Complete ONLY if direct expenditure to benefit C/OF		didate/Office	holder name	O	ffice sou	ght			Office he	eld
	Date	Pay	ee name								
	10/02/2024	Ane	edot								
	Amount (\$)	Pay	ee address	; City;	State;	Zip Co	de				
	\$0.76	555	55 Hilton A	ve							
		Suit	te 106								
	Expenditure from corporate funds	Bat	ton Rouge	LA 70808							
	PURPOSE	(a) Cate	egory (See	Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		counting/B		•	,		<b>—</b>		de of Texas. Comp	
	EXI ENDITORE									officeholder living	expense
								PAC E-Merch	iaiii	ı ree	
	Complete ONLY if direct	Cand	didate/Office	holder name	0	ffice sou	ght			Office he	eld
	expenditure to benefit C/OI	1									
	Date	1	ee name								
	10/03/2024	Ane	edot								
	Amount (\$)		ee address		State;	Zip Co	de				
	\$0.25	555	55 Hilton A	ve							
_	Expenditure from	Suit	te 106								
Ш	corporate funds	Bat	ton Rouge	LA 70808							
	PURPOSE	(a) Cate	egory (See	Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Acc	counting/B	anking				<b>∟</b>		de of Texas. Comp	
								PAC E-Merch		officeholder living	expense
								. AC E MICION	.arı		
	Complete ONLY if direct	Cand	lidate/Office	holder name		ffice sou	aht			Office he	hld
	expenditure to benefit C/O				O	300	J. 11			J50 110	·· <del>· -</del>

### 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 Salaries (Contract Labor,

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: 3/15 Rpt: 10/22	Patriot Mobile Action 00086595
4 Date	5 Payee name
10/11/2024	Axiom Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50,107.00	800 W 47th St
	Ste 200
Expenditure from corporate funds	Kansas City, MO 64112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	GOTV Mailer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialture to benefit C/Oi	Waybourn, Bill Sherriff Place Tarrant Sherriff Place Tarrant
Date	Payee name
10/04/2024	Axiom Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$58,675.00	800 W 47th St
, ,	Suite 200
Expenditure from	
corporate funds	Kansas City, MO 64112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	GOTV Video
	GOTT VIGOS
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/24/2024	Axiom Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$46,571.00	800 W 47th St
	Ste 200
Expenditure from corporate funds	Kansas City, MO 64112
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	GOTV Mailer
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/15 Rpt: 11/22	2 FILER NAME Patriot Mobile Action  3 Filer ID (Ethics Commission Filers) 00086595
4 Date 09/30/2024	5 Payee name CFS Compliance
6 Amount (\$) \$1,775.00	7 Payee address; City; State; Zip Code PO Box 30844
Expenditure from corporate funds	Bethesda, MD 20824
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 09/28/2024	Payee name Canva
Amount (\$) \$119.99	Payee address; City; State; Zip Code 75 East Santa Clara St
Expenditure from corporate funds	San Jose, CA 95113
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Software Subscription
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 10/09/2024	Payee name PEX
Amount (\$) \$4.00  Expenditure from corporate funds	Payee address; City; State; Zip Code 462 7th Avenue 21st Floor New York, NY 10018
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/15 Rpt: 12/22	Patriot Mobile Action 00086595
4 Date	5 Payee name
10/25/2024	Remington Research Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,655.60	800 W 47th St
	Ste 200
Expenditure from corporate funds	Kansas City, MO 64112
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
	GOTV Text Messages
	GOTV TOX MOSSAGES
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/25/2024	Remington Research Group
Amount (\$)	Payee address; City; State; Zip Code
\$4,655.60	800 W 47th St
	Ste 200
Expenditure from corporate funds	Kansas City, MO 64112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	GOTV Text Messages
	COTV Text Wessages
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/30/2024	Schober Enterprises
	·
Amount (\$)	
\$10,000.00	304 Red Tailed Hawk Dr
Expenditure from corporate funds	Pflugerville, TX 78660
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense  GOTV Mailer
	GOT V IVIAIIEI
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide	e explains how to complet	te this form.		
1 Total pages Schedule F1:			3	Filer ID	(Ethics Commission Filers)
Sch: 6/15 Rpt: 13/22	Patriot Mobile Action			00086595	
4 Date 10/10/2024	<ul><li>5 Payee name</li><li>Schober Enterprises</li></ul>				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$58,896.92	304 Red Tailed Hawk Dr				
Expenditure from corporate funds	Pflugerville, TX 78660				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Printing Expense		Description  Check if travel outsi  Check if Austin, TX,  GOTV Mailer		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	
expenditure to benefit C/OI	T Craddick, Christi	Railroad Com	nmissioner	Railroad	d Commissioner
Date	Payee name (see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds  PURPOSE OF	(a) Category (See Categories listed at the t	op of this schedule) (b)	Description	de of Tayas Comm	nlata Schadula T
EXPENDITURE			Check if Austin, TX,	officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Handle Blacklock, Jimmy	Office sought Supreme Cou	urt Justice	Office he Suprem	eld ne Court Justice
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 t	op of this schedule) (b)	Description  Check if travel outsi  Check if Austin, TX,		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office he	
experiorare to belieff C/Of	<sup>1</sup> Devine, John	Supreme Cou	urt Justice	Suprem	ne Court Justice

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guid	e explains how to complete	this form.		
1	Total pages Schedule F1: Sch: 7/15 Rpt: 14/22	2 FILER NAME Patriot Mobile Action			iler ID 10086595	(Ethics Commission Filers)
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 t	op of this schedule) (b) [	Description Check if travel outside Check if Austin, TX, of		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name  H Bland, Jane	Office sought Supreme Cour	rt Justice	Office hel Supreme	d e Court Justice
	Date	Payee name (see previous)				
	Amount (\$)  Expenditure from	Payee address; City;	State; Zip Code			
Ш	corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t	op of this schedule) (b) [	Description Check if travel outside Check if Austin, TX, of		
	Complete <u>ONLY</u> if direct expenditure to benefit C/ON	Candidate/Officeholder name  H Schenck, David	Office sought Criminal Distri	ct Court Judge,	Office hel Criminal	d District Court Judge,
I	Date	Payee name (see previous)				
,	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds		- Las			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t	op of this schedule) (b) [	Description  Check if travel outside  Check if Austin, TX, of	·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Parker, Gina	Office sought Court Of Crimi	nal Appeals,	Office hel Court Of	d Criminal Appeals,

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	•	Salaries/Wages/Contr explains how to complete th		OTHER (enter a o	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 [	iler ID	(Ethics Commission Filers)
Sch: 8/15 Rpt: 15/22	Patriot Mobile Action			00086595	(
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	o of this schedule) (b) Des	scription		
OF EXPENDITURE			Check if travel outside	e of Texas. Comp	lete Schedule T.
EXPENDITORE		□'	Check if Austin, TX, o	fficeholder living	expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	
expenditure to benefit C/O	Tinley, Lee	Court Of Crimina	al Appeals,	Court O	f Criminal Appeals,
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
( )		, ,			
Expenditure from					
corporate funds		T			
PURPOSE OF	(a) Category (See Categories listed at the top			<b></b>	
EXPENDITURE		<u> </u>	Check if travel outside Check if Austin, TX, o		
		"	5.100k ii 7 kdokiii, 77k, 0	conoidor iiviiig	o.poneo
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
expenditure to benefit C/OI		State Board Of E	Education		pard Of Education
<b>D</b> .					
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	o of this schedule) (b) Des	scription		
OF	(See Succession Steel at the top		Check if travel outside	of Texas. Comp	lete Schedule T.
EXPENDITURE		🗖 '	Check if Austin, TX, o	fficeholder living	expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
expenditure to benefit C/O	H King, Phil	State Senator		State Se	enator

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Le	ft/Awards/Memorial gal Services		Salaries	Expense s/Wages/Contract Lab		Travel Out of Dis OTHER (enter a	strict category not listed above	e)
	·	_		ne Instruction G	iuide explains	how to c	complete this forr	n.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	r Filers)
	Sch: 9/15 Rpt: 16/22		Patriot Mobile	Action					00086595		
4	Date	5	Payee name								
			(see previous	)							
6	Amount (\$)	7	Payee address	; City;	State	; Zip C	Code				
	Expenditure from corporate funds										
8		(0)					(h) p				
0	PURPOSE OF	(a)	Category (See	Categories listed at	the top of this sch	nedule)	(b) Description		de of Texas. Com	nlete Schedule T	
	EXPENDITURE								officeholder living		
							"		_	•	
9	Complete ONLY if direct	<u> </u>	Candidate/Office	holder name		Office so	I		Office he	-ld	
•	expenditure to benefit C/O		Parker, Tan			State S	· ·		State S		
	5.										
	Date		Payee name								
			(see previous	)							
	Amount (\$)		Payee address	; City;	State	; Zip C	Code				
	Expenditure from corporate funds										
	PURPOSE	(a)	Category (See	Catogorios listod at	the ten of this set	andula)	(b) Description	on .			
	OF	<b> `</b> `	Guegory (See	categories listeu at	the top of this sci	ieuuie)			de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if	f Austin, TX,	officeholder living	expense	
	Complete ONLY if direct		Candidate/Office	holder name	(	Office so	ought		Office he	eld	
	expenditure to benefit C/OF	Η :	Schatzline, Na	te	;	State R	epresentative		State R	epresentative	
	Date	Г	Payee name								
	Date		(see previous	١							
	A (A)	_				7: 6					
	Amount (\$)		Payee address	; City;	State	; Zip C	code				
_	T Expenditure from										
	corporate funds										
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	nedule)	(b) Description	on			
	OF		2 2 (333	g		,	I		de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if	f Austin, TX,	officeholder living	expense	
_											
	Complete ONLY if direct		Candidate/Office	holder name	(	Office so	ought		Office he	eld	
	expenditure to benefit C/OI	Η -	Tinderholt, Tor	ıy	:	State R	epresentative		State R	epresentative	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 10/15 Rpt: 17/22	2 FILER NAME Patriot Mobile Action	3 Filer ID (Ethics Commission Filers) 00086595
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. , TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Cook, David  State Representative	Office held State Representative
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  McQueeny, John  State Representative	Office held State Representative
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name  Office sought Capriglone, Giovanni  State Representative	Office held State Representative

#### 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		Salaries/M de explains how to co	/ages/Contract Labor mplete this form.	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 11/15 Rpt: 18/22	Patriot Mobile Action			00086595	
4 Date	5 Payee name				
	(see previous)				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
Expenditure from corporate funds					
8 PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description		
OF EXPENDITURE				l outside of Texas. Com	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou		Office he	
experialiture to beliefit C/OI	Geren, Charlie	State Re	presentative	State R	epresentative
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Co	de		
Expenditure from corporate funds					
PURPOSE OF	(a) Category (See Categories listed at the	top of this schedule)	(b) Description		
EXPENDITURE			<b>-</b>	I outside of Texas. Com	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OI	H Burgess, Clint	State Re	oresentative	State R	epresentative
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Co	de		
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description		
OF EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	,	<u> </u>	l outside of Texas. Com	
EXPENDITORE			Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OI	H Wolfe, Chris	District A		District	Judge

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guid	le explains how to complete this	form.	,
1 Total pages Schedule F1: Sch: 12/15 Rpt: 19/22	FILER NAME     Patriot Mobile Action		3 Filer ID 00086595	(Ethics Commission Filers)
4 Date	5 Payee name (see previous)		1	
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Che	ption ick if travel outside of Texas. Co ick if Austin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name  Knight, William	Office sought Criminal District Co	Office I ourt Judge Crimin	neld al District Court Judge
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Che	ption ck if travel outside of Texas. Co ck if Austin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Allen, Douglas	Office sought Criminal District Co	Office I ourt Judge Crimin	neld nal District Court Judge
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	Che	ption eck if travel outside of Texas. Co eck if Austin, TX, officeholder livi	•
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name  H Waybourn, Bill	Office sought Sheriff	Office I Sheriff	

### 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/Officeholder/Politica Credit Card Payment	<b>G</b>	Salaries/Wages/Contract Labor xplains 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: 13/15 Rpt: 20/22	Patriot Mobile Action		00086595
4 Date	<b>5</b> 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			el outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experialitate to belieff 6/01	Barnes, Rick	County tax assessor colle	ector County tax assessor collector
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
		la»	
PURPOSE OF	(a) Category (See Categories listed at the top	· I —	d autoide of Tayan Complete Cabadula T
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		📙	, , , , , , , , , , , , , , , , , , ,
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		County Commissioner	County Commissioner
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
- Forest Co.			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
OF	(See Calegories listed at the top		el outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Aust	in, TX, officeholder living expense
_			
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Krause, Matt	County Commissioner	County Commissioner

### SCHEDULE F1

Advertising Expense Event Exp
Accounting/Banking Fees
Consulting Expense Food/Bev
Contribution/ Officeholds/ (Political Committee)

Giff/Awar

Live State of Contribution of C

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	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: 14/15 Rpt: 21/22	Patriot Mobile Action 00086595
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.
	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	Woodruff, David Constable Constable
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	runount (¢)	Tayoo addi ooo, Oily, Otato, Eip oodo
г	Expenditure from	
<u> </u>	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
	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	<b>o</b>
		Melel, John Constable Constable
	Date	Payee name
	10/15/2024	Schober Enterprises
	Amount (\$)	Payee address; City; State; Zip Code
	\$936.36	304 Red Tailed Hawk Dr
	Expenditure from corporate funds	Pflugerville, TX 78660
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV Mailer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

Credit Card Payment  The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)		
Sch: 15/15 Rpt: 22/22	Patriot Mobile Action			00086595			
4 Date	5 Payee name						
10/25/2024	Shutterstock						
6 Amount (\$) \$31.39  Expenditure from corporate funds	7 Payee address; City; State; Zip Co 350 Fifth Ave 21st Floor New York, NY 10004	ode					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	<u> </u>	cription Check if travel outsic Check if Austin, TX, phics Subscr	officeholder living			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght		Office he	eld		
Date	Payee name						
10/21/2024	The Gober Group						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$125.00	PO Box 341016						
Expenditure from corporate funds	Austin, TX 78734	I					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense		cription Check if travel outsic Check if Austin, TX, al Consulting	officeholder living			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght		Office he	eld		
Date	Payee name						
10/25/2024	USPS						
Amount (\$) \$292.00	Payee address; City; State; Zip Co 1251 William D Tate Ave	ode					
Expenditure from corporate funds	Grapevine, TX 76051						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage		cription Check if travel outsic Check if Austin, TX, tage		•		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght		Office he	eld		