GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

| Th | e GPAC Instruction | Guide explains how to complete this form. | 1 | Filer ID (Ethics Commission 00088252 | n Filers) | 2 | Total pages filed 33 | 1: |
|----|---------------------------------|---|---------------------------|--|-----------------------|-----|---------------------------------|-------------------|
| 3 | COMMITTEE NAME | | | | | | OFFICE US | SE ONLY |
| | Texans United for | a Conservative Majority PAC | | | | E | Date Received ELECTRONICAL | |
| 4 | COMMITTEE | ADDRESS / PO BOX; APT / SUITE #; CI | TY; | STATE; | ZIP CODE | | | |
| | ADDRESS | 405 E. Convent Street | | | | | Date Hand-delivered or D | ate Postmarked |
| | Change of Address | | | | | | | |
| | | Victoria, TX 77901 | | | | F | Receipt # | Amount |
| | | | | | | ſ | Date Processed | |
| | | | | | | C | Date Imaged | |
| 5 | CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST Chad | | | | N | II | |
| | | | | | | | | |
| | | NICKNAME LAST Shoemake | | | | S | UFFIX | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); | | APT / | SUITE #; CITY | (; | STAT | E; ZIP CODE |
| | TREASURER STREET ADDRESS | 405 E. Convent St. | | | | | | |
| | (Residence or Business) | Victoria, TX 77901 | | | | | | |
| 7 | CAMPAIGN | STREET OR PO BOX; | | APT | / SUITE #; CIT | ΓY; | STA | TE; ZIP CODE |
| | TREASURER MAILING ADDRESS | 405 E. Convent St. | | | | | | |
| | Change of Address | Victoria, TX 77901 | | | | | | |
| 8 | CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (361) 212-5298 | EXT | ENSION | | | | |
| 9 | REPORT | January 15 3 | 0th d | ay before election | n | | Dissolution (Attach | PAC-DR) |
| | TYPE | July 15 | ith da <u>y</u> Runoff | y before election | | | 10th day after camp termination | aign treasurer |
| 10 | PERIOD COVERED | Month Day Year 09/27/2024 T | HRC | UGH | Month Day 10/26/20 | | Year | |
| 11 | ELECTION | 11/05/2024 | Prima Gene | ry | ELECTION TYPE | | Other | |
| | | | | | | | | |
| | GO TO PAGE 2 | | | | | | | |
| Fo | rms provided by Tex | xas Ethics Commission www.e | thics | s.state.tx.us | | | Versior | n V4.1.0.48da51f7 |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) | | | |
|---|---|--|--------------|----------------------------|--|--|--|
| Texans United for a Co | nservative Majority PA | C | 00088252 | 2 | | | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Adam Hinojosa State Senator | | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | | |
| | | B. Opposed | | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 | | | |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 200,000.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 | | | |
| | 4. TOTAL POLITICA | 4. TOTAL POLITICAL EXPENDITURES | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL C OF THE REPORTING | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 576,691.23 | | | |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD | THE \$ | 0.00 | | | |
| 16 AFFIDAVIT | • | | • | | | | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | | | | |
| | | | | | | | |
| | | | hoemake | | | | |
| | | Signature of Ca | mpaign Treas | urer | | | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | | | |
| | | , tł | nis the | day | | | |
| of | _, 20, to certify v | which, witness my hand and seal of office. | | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of off | icer administering oath | | | |
| Forms provided by Texas E | thics Commission | www.ethics.state.tx.us | | Version V4.1.0.48da51f7 | | | |

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| 12 COMMITTEE NAME | 13 Filer ID | (Ethics Commission Filers) | | | |
|---|---|----------------------------|---------------------------------|----------|--|
| Texans United for a Co | nservative Majority P | AC | | 00088252 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Don McLaughlin State Represer | ntative | |
| (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.) | A. Supported | Marc LaHood State Representa | tive | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 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.) | | Denise Villalobos State Represe | entative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | | I | | | |

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| 12 COMMITTEE NAME | 13 Filer ID | (Ethics Commission Filers) | | | |
|---|---|----------------------------|--------------------------------|----------|--|
| Texans United for a Co | nservative Majority P | AC | | 00088252 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Janie Lopez State Representati | ve | |
| (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 | 1 | | |
| | | 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.) | A. Supported | i | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | Kristian Carranza State Repres | entative | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | 1 | | |
| | | 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.) | A. Supported | 1 | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | Morgan LaMantia State Senato | r | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | 1 | | |
| | | B. Opposed | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | applicable, classily by party.) | | | | |

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| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|--|---|-----------|-----|---------------------------------|-------------|----------------------------|
| Texans United for a Co | nservative Majority P | AC | | | 00088252 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Suppor | ted | | | |
| (Attach lists on plain paper to complete this report if necessary.) B. Opposed Cecilia Castellano State Representative | | | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Suppor | ted | | | |
| | | B. Oppose | ed | | | |
| | 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.) | A. Suppor | ted | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Oppose | ed | Laurel Jordan Swift State Repre | sentative | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Suppor | ted | | | |
| | | B. Oppose | ed | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE | 1. Candidates | A. Suppor | tod | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | leu | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Oppose | ed | Mihaela Plesa State Representa | ative | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Suppor | ted | | | |
| | | B. Oppose | ed | | | |
| | 3. Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
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| 12 COMMITTEE NAME | | | | | | | (Ethics Commission Filers) |
|---|---|-------|----------------|-----------------|----------------|----------|----------------------------|
| Texans United for a Co | nservative Majority P | PAC | | | | 00088252 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | ipported | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Op | oposed | Solomon Ortiz | State Represen | tative | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Su | ipported | | | | |
| | | B. Op | oposed | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| | 1 | | | | | | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | ipported | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Op | oposed | Eddie Morales | State Represen | tative | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Su | ipported | | | | |
| | | B. Op | oposed | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | |
| COMMITTEE | 1. Candidates | A. Su | pported | | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | - - - | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Op | oposed | Jonathan Gracia | a State Repres | entative | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Su | ipported | | | | |
| | | B. Op | oposed | | | | |
| | 3. Officeholders Assisted (Identify by name or, if | | | | | | |
| | | | | | | | |
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| 12 COMMITTEE NAME | 13 Filer ID | (Ethics Commission Filers) | | | |
|---|---|----------------------------|--------------------------------|-----------|--|
| Texans United for a Co | nservative Majority P | AC | | 00088252 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Christi Craddick Railroad Comm | issioner | |
| (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.) | A. Supported | Jimmy Blacklock Supreme Cour | t Justice | |
| (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.) | A. Supported | John Devine Supreme Court Jus | stice | |
| (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.) | | | | |
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| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--------------|---------------------------------|-----------------|----------------------------|
| Texans United for a Co | nservative Majority P | PAC | | 00088252 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Jane Bland Supreme Court Just | ice | |
| (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.) | A. Supported | David Schenck Court of Crimina | l Appeals, Pres | siding Judge |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 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.) | A. Supported | Gina Parker Court Of Criminal A | ppeals, Judge | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
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| 12 COMMITTEE NAME | 13 Filer ID | (Ethics Commission Filers) | | | |
|---|---|----------------------------|---------------------------------|--------------|--|
| Texans United for a Co | nservative Majority P | AC | | 00088252 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Lee Finley Court Of Criminal Ap | peals, Judge | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 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.) | A. Supported | John Lujan State Representative | <u>ë</u> | |
| (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.) | A. Supported | Todd McCray Court Of Appeals, | Justice | |
| (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.) | | | | |
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| 12 COMMITTEE NAME | 13 Filer ID | (Ethics Commission Filers) | | | | |
|---|---|----------------------------|--------------------|------------------|-----------------|-------------------------|
| Texans United for a Co | nservative Majority P | AC | | 00088252 | | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Lori Massey Br | ssette Court Of | Appeals, Justic | e |
| (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.) | A. Supported | Adrian Spears | Court Of Appeals | s, Justice | |
| (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.) | A. Supported | Robert Garza | State Representa | tive | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| | | 1 | | | | |
| Forms provided by Texas E | -INICS COMMISSION | \^^^^ | .ethics.state.tx.ι | s | | Version V4.1.0.48da51f7 |

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| 12 COMMITTEE NAME | | | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|---------|--------|--------------------------|------------|-------------|----------------------------|
| Texans United for a Conse | ervative Majority P | AC | | | | 00088252 | |
| | . Candidates dentify by name or, if pplicable, classify by party.) | A. Supp | oorted | AJ Louderback State Re | epresenta | ative | |
| (Attach lists on plain paper to complete this report if necessary.) | · | В. Орр | osed | | | | |
| (D loc | . Measures Describe by date and ication of election and ature of issue.) | A. Supp | oorted | | | | |
| | | В. Орр | osed | | | | |
| (10 | . Officeholders Assisted dentify by name or, if pplicable, classify by party.) | | | | | | |
| ACTIVITY | . Candidates dentify by name or, if pplicable, classify by party.) | A. Supp | oorted | Alan Schoolcraft State F | Represen | itative | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opp | osed | | | | |
| (D loc | . Measures Describe by date and ication of election and ature of issue.) | A. Supp | oorted | | | | |
| | | B. Opp | osed | | | | |
| (10 | . Officeholders Assisted dentify by name or, if pplicable, classify by party.) | | | | | | |
| COMMITTEE 1. ACTIVITY ((ic ap | . Candidates dentify by name or, if pplicable, classify by party.) | A. Supp | oorted | Andy Hopper State Rep | oresentati | ve | |
| (Attach lists on plain paper to complete this report if necessary.) | | В. Орр | osed | | | | |
| (D loc | • Measures Describe by date and cation of election and ature of issue.) | A. Supp | oorted | | | | |
| | | В. Орр | osed | | | | |
| (ic | . Officeholders Assisted dentify by name or, if pplicable, classify by party.) | | | | | | |
| | | | | | | | |

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| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--------------|---------------|--------------------|-------------|----------------------------|
| Texans United for a Co | nservative Majority P | PAC | | | 00088252 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Brent Money | State Representat | l tive | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | 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.) | A. Supported | David Lowe | State Representati | ve | |
| (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.) | | Katrina Piers | on State Represer | itative | |
| (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.) | | | | | |
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| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) | |
|---|---|--------------|----------------|------------------|----------------------------|--|
| Texans United for a Co | AC | | | 00088252 | | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Keresa Richard | son State Repre | sentative | |
| (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.) | A. Supported | Matt Morgan St | ate Representati | ve | |
| (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.) | A. Supported | Shelley Luther | State Representa | ative | |
| (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.) | | | | | |
| | | - | | | | |

FORM GPAC ADDENDUM

| 12 COMITTEE NAME 13 Flier ID (Ethics Commission Filers) 0008252 (Ethics Commission Filers) 0008252 12 COMITTEE ACTIVITY 1. Candidates (Herding to carrow of it maper to complete his report if necessary) 1. Candidates (Herding to carrow of it maper to complete his report if necessary) 1. Candidates (Herding to carrow of it maper to complete his report if necessary) 1. Candidates (Herding to carrow of it maper to complete his report if necessary) 1. Candidates (Herding to carrow of it maper to complete his report if necessary) 1. Candidates (Herding to carrow of it maper to complete his report if necessary) 1. Candidates (Herding to carrow of it maper to carrow of it | Texans United for a Conservative Majority PAC 00088252 14 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) A. Supported Wes Virdell State Representative (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 B. Opposed | | | | | | | | | | Page | e 14 of 33 |
|---|--|---|--|--------------|----------|------------|-----------|--------------|-------------|---|----------------|--------------|
| Texans United for a Corrective Majority PAC 00088252 14 COMMITTEE 1. Candidates A. Supported Wes Virdell State Representative (Attach lists on plain paper to complete this report if necessary.) B. Opposed B. Opposed 2. Measures A. Supported A. Supported B. Opposed (Describe by date and hature of issue.) B. Opposed B. Opposed 3. Officeholders A. Supported B. Opposed | Texans United for a Conservative Majority PAC 00088252 14 COMMITTEE ACTIVITY 1. Candidates (dentify by name or, if applicable, classify by party.) A. Supported Wes Virdell State Representative (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 B. Opposed | 12 COMMITTEE NAME | | | | | | | 13 Filer ID |) | (Ethics Commis | sion Filers) |
| ACTIVITY (dentify by name or, if applicable, classify by party.) B. Opposed (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 B. Opposed | 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 | | nservative Majority P | AC | | | | | | | | |
| report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted | report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed | 14 COMMITTEE ACTIVITY | | A. Sı | ipported | Wes Virdel | I State R | epresentativ | ve | | | |
| (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted S. Officeholders | (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted | (Attach lists on plain paper to complete this report if necessary.) | | В. О <u></u> | posed | | | | | | | |
| (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted S. Officeholders | (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted | | 2. Measures | A. Sı | pported | | | | | | | |
| 3. Officeholders Assisted | 3. Officeholders Assisted | | (Describe by date and location of election and nature of issue.) | | | | | | | | | |
| Assisted | Assisted | | | B. Op | oposed | | | | | | | |
| (demity by name or, if applicable, classify by party.) | (déndity by pane or. if applicable, classify by pany.) | | Assisted | | | | | | | | | |
| | | | (Identify by name or, if applicable, classify by party.) | | | | | | | | | |
| | | | | | | | | | | | | |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 15 of 33

| 17 COMMITTE | EE NAME | 17 COMMITTEE NAME 18 Filer ID (I | | | | |
|-------------|--|----------------------------------|----------------------|--|--|--|
| Texans U | nited for a Conservative Majority PAC | 00088252 | | | | |
| | 19 SCHEDULE SUBTOTALS | | | | | |
| | SCHEDULE | | SUBTOTAL AMOUNT | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 200,000.00 | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION |)R | \$ | | | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION | ATION OR | \$ | | | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | | | |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | | |
| 8. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | | | |
| 9. | SCHEDULE E: LOANS | | \$ | | | |
| 10. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ 718,681.65 | | | |
| 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 CONTRIBUTIO | ONS | \$ | | | |
| 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | | | |
| | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/33 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Texans United for a Conservative Majority PAC 00088252 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 10/24/2024 \$200,000.00 Dunn, Timothy 6 Contributor address; City; State; Zip Code Midland, TX 79710 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO CrownQuest

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting 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: 1/17 Rpt: 17/33 | Texans United for a Conservative Majority PAC00088252 | | | | |
| 4 Date | 5 Payee name | | | | |
| 10/21/2024 | AJ Louderback Campaign | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$1,000.00 | P.O. Box 1792 | | | | |
| Expenditure from corporate funds | Victoria, TX 77902 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign Contribution | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 10/24/2024 | AJ Louderback Campaign | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$1,000.00 | P.O. Box 1792 | | | | |
| Expenditure from corporate funds | Victoria, TX 77902 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Pavee name | | | | |
| 10/10/2024 | Adam Hinojosa Campaign | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$100,000.00 | PO Box 18301 | | | | |
| Expenditure from corporate funds | Corpus Christi, TX 78480 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|-------------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | |
| 1 Total pages Schedule F1: | : 2 FILER NAME 3 Filer ID (Ethics Commiss | ion Filers) | | |
| Sch: 2/17 Rpt: 18/33 | Texans United for a Conservative Majority PAC 00088252 | | | |
| 4 Date | 5 Payee name | | | |
| 10/09/2024 | Alan Schoolcraft Campaign | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| \$1,000.00 | | | | |
| Expenditure from corporate funds | McQueeny, TX 87123 | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held OH | | | |
| Date | Payee name | | | |
| 10/16/2024 | Andy Hopper Campaign | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$7,500.00 | 1581 CR 2224 | | | |
| Expenditure from corporate funds | Decatur, TX 76244 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held DH | | | |
| Date | Payee name | | | |
| 10/09/2024 | Brent Money Campaign | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$1,000.00 | | | | |
| Expenditure from corporate funds | Greenville, TX 75402 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held DH | | | |
| | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E /- Gift/Awards/Memorials Expense Printing | payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) | |
| Sch: 3/17 Rpt: 19/33 | Texans United for a Conservative Majority PA | c | 00088252 | |
| 4 Date | 5 Payee name | | | |
| 10/14/2024 | CWS Research LLC | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | ode | | |
| \$28,550.00 | 8313 Mimi Lane | | | |
| Expenditure from corporate funds | Austin, TX 78724 | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| EXPENDITURE | Polling Expense | | ide of Texas. Complete Schedule T. | |
| | | Voter Research | , officeholder living expense | |
| | | Voter Research | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | I Candidate/Officeholder name Office so H | l ught | Office held | |
| Date | Payee name | | | |
| 10/09/2024 | David Lowe Campaign | | | |
| Amount (\$) | Payee address; City; State; Zip C | ode | | |
| \$1,000.00 | 7424 Park Place Dr | | | |
| Expenditure from corporate funds | North Richland Hillds, TX 76182 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | ide of Texas. Complete Schedule T. , officeholder living expense ribution | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office so H | ught | Office held | |
| Date | Payee name | | | |
| 10/08/2024 | Denise Villalobos Campaign | | | |
| Amount (\$) | Payee address; City; State; Zip C | ode | | |
| \$50,000.00 | 10330 Kingsbury Dr | | | |
| Expenditure from corporate funds | Corpus Christi, TX 78410 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | Contributions/Donations Made By | | ide of Texas. Complete Schedule T. | |
| | Candidate/Officeholder/Political Committee | Campaign Cont | , officeholder living expense ribution | |
| | | | insuloti | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office so H | ught | Office held | |
| | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gitt/Awards/Memorials Expense Printing Expense Travel Out of District | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 4/17 Rpt: 20/33 | Texans United for a Conservative Majority PAC 00088252 | | | | |
| 4 Date | 5 Payee name | | | | |
| 10/16/2024 | Denise Villalobos Campaign | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$50,000.00 | 10330 Kingsbury Dr | | | | |
| Expenditure from corporate funds | Corpus Christi, TX 78410 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 10/22/2024 | Denise Villalobos Campaign | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$50,000.00 | 10330 Kingsbury Dr | | | | |
| Expenditure from corporate funds | Corpus Christi, TX 78410 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 10/17/2024 | Direct Texas LLC | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$18,349.65 | PO Box 78201 | | | | |
| Expenditure from corporate funds | San Antonio, TX 78201 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail supporting candidates | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Hinojosa, Adam State Senator District 27 | | | | | |
| | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | : | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 5/17 Rpt: 21/33 | Texans United for a Conservative | Majority PAC | 00088252 | | |
| 4 Date | 5 Payee name | | | | |
| | (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; S | State; Zip Code | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of top of top of top of top of top of the top of top | Check if travel of | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Craddick, Christi Railroad Commissioner | | | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; S | State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of top of the top of | Check if travel of | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Blacklock, Jimmy | Office sought Supreme Court Justice Plac | Office held ce 2 | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | | State; Zip Code | | | |
| Expenditure from corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of t | Check if travel of | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/OH Devine, John Supreme Court Justice Place 4 | | | | | |
| | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | Fees Office Food/Beverage Expense Pollin - Gift/Awards/Memorials Expense Printi | Repayment/Reinbursement Overhead/Rental Expense Solicitation/Fundraising Expense g Expense Transportation Equipment & Related Expense g Expense Travel in District es/Wages/Contract Labor OTHER (enter a category not listed above) | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 6/17 Rpt: 22/33 | Texans United for a Conservative Majority F | AC 00088252 | | | |
| 4 Date | 5 Payee name | | | | |
| | (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE | | (b) Description | | | |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office | sought Office held | | | |
| expenditure to benefit C/O | ^H Bland, Jane Supre | me Court Justice Place 6 | | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | |
| Expenditure from corporate funds | | | | | |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office | 5 | | | |
| expenditure to benefit C/O | ¹ Schenck, David Court | of Criminal Appeals, | | | |
| 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 of this schedule) | (b) Description Check if travel outside 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/OH Parker, Gina Court Of Criminal Appeals, | | | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 7/17 Rpt: 23/33 | Texans United for a Conservative Majority PAC | 00088252 | | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| expenditure to benefit C/O | ¹ Finley, Lee Court Of Criminal Appeals, | | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Check if travel or | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought McLaughlin, Don State Representative District | Office held | | |
| | | | | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| corporate funds | | | | |
| PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Lujan, John State Representative Distric | Office held ct 118 | | |
| | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) | | |
| Sch: 8/17 Rpt: 24/33 | Texans United for a Conservative Majo | rity PAC | 00088252 | | |
| 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 sche | · · · · · · · · · · · · · · · · · · · | | | |
| OF EXPENDITURE | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | | | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder name O | ffice sought | Office held | | |
| expenditure to benefit C/O | | ourt Of Appeals, Justice Pla | | | |
| 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 of this sche | Check if travel outs | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name O | ffice sought | Office held | | |
| expenditure to benefit C/O | | ourt Of Appeals, Justice Pla | | | |
| 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 of this sche | Check if travel outs | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder name O | ffice sought | Office held | | |
| expenditure to benefit C/OH Brissette, Lori Massey Court Of Appeals, Justice Place | | | | | |
| | | | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office Overh Food/Beverage Expense Polling Expe y - Gift/Awards/Memorials Expense Printing Expe | ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 9/17 Rpt: 25/33 | Texans United for a Conservative Majority PAC | 00088252 | | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | 9 | | |
| | | | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (I | Description | | |
| EXPENDITURE | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| • Complete ONIL V if direct | Canalidate/Office.helder.nome | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sough ^H Spears, Adrian Court Of A | nt Office held ppeals, Justice District | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Code | 2 | | |
| Expenditure from corporate funds | | - | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held | | |
| expenditure to benefit C/O | H LaHood, Marc State Repr | esentative District 121 | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Code | 9 | | |
| Expenditure from corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held | | |
| expenditure to benefit C/OH Villalobos, Denise State Representative District 34 | | | | |
| | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|-------------------------------------|---|---|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 10/17 Rpt: 26/33 | Texans United for a Conservative Majority PAC | 00088252 | | | |
| 4 | Date | 5 Payee name | | | | |
| | | (see previous) | | | | |
| 6 | Amount (\$) 7 Payee address; City; State; Zip Code Expenditure from | | | | | |
| Ľ | corporate funds | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. FX, officeholder living expense | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | |
| | expenditure to benefit C/OF | Garza, Robert State Representative Distric | ot 74 | | | |
| ╞ | Date | Payee name | | | | |
| | | (see previous) | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | |
| | Expenditure from corporate funds | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | | Lopez, Janie State Representative Distric | 137 | | | |
| | Date | Payee name | | | | |
| | 10/11/2024 | Don Mclaughlin Campaign | | | | |
| | Amount (\$) \$15,000.00 | Payee address;City;State;Zip CodePO box 1707 | | | | |
| | Expenditure from corporate funds | Uvalde, TX 78802 | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. IX, officeholder living expense htribution | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---|--|--|---|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Ever Fees Fooc - Gift// Committee Lega | t Expense | Loan Repaym Office Overhea Polling Expens Printing Exper Salaries/Wage | ent/Reimbursement ad/Rental Expense se ise is/Contract Labor | Transportation E Travel in District Travel Out of Dis | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 11/17 Rpt: 27/33 | Texans United | for a Conservative N | lajority PAC | | 00088252 | |
| 4 Date | 5 Payee name | | | | | |
| 09/30/2024 | Janie Lopez Ca | mpaign | | | | |
| 6 Amount (\$) | 7 Payee address; | City; Sta | ate; Zip Code | | | |
| \$25,000.00 | PO Box 2073 | | | | | |
| Expenditure from corporate funds | San Benito, TX | 78586 | | | | |
| 8 PURPOSE | (a) Category (See Ca | tegories listed at the top of this | schedule) (b) | Description | | |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeho | older name | Office sought | | Office he | əld |
| Date | Payee name | | | | | |
| 10/22/2024 | Katrina Pierson | Campaign | | | | |
| Amount (\$) | Payee address; | City; Sta | ate; Zip Code | | | |
| \$10,000.00 | | | | | | |
| Expenditure from corporate funds | Rockwall, TX 7 | 5087 | | | | |
| PURPOSE OF EXPENDITURE | Contributions/D | tegories listed at the top of this conations Made By ceholder/Political Cor | | | outside of Texas. Com , TX, officeholder living Ontribution | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeho | older name | Office sought | | Office he | eld |
| Date | Payee name | | | | | |
| 10/09/2024 | Keresa Richard | lson Campaign | | | | |
| Amount (\$) | Payee address; | City; Sta | ate; Zip Code | | | |
| \$1,000.00 | PO Box 1179 | | | | | |
| Expenditure from corporate funds | McKinney, TX | 75070 | | | | |
| PURPOSE | (a) Category (See Ca | tegories listed at the top of this | schedule) (b) | Description | | |
| OF EXPENDITURE | | onations Made By eholder/Political Cor | nmittee | | outside of Texas. Com , TX, officeholder living Ontribution | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeho | older name | Office sought | | Office he | eld |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 12/17 Rpt: 28/33 | Texans United for a Conservative Majority PAC | 00088252 | | | |
| 4 Date | 5 Payee name | • | | | |
| 10/09/2024 | Marc LaHood Campaign | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$25,000.00 | 127 Encino Blanco | | | | |
| Expenditure from corporate funds | San Antonio, TX 78232 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | |
| Date | Payee name | | | | |
| 10/21/2024 | Marc LaHood Campaign | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$25,000.00 | | | | | |
| Expenditure from corporate funds | San Antonio, TX 78232 | | | | |
| PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. in, TX, officeholder living expense Contribution | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| Date | Payee name | | | | |
| 10/22/2024 | Marc LaHood Campaign | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$50,000.00 | 127 Encino Blanco | | | | |
| Expenditure from corporate funds | San Antonio, TX 78232 | | | | |
| PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. in, TX, officeholder living expense Contribution | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhaed/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 13/17 Rpt: 29/33 | Texans United for a Conservative Majority PAC 00088252 | | | | |
| - | | | | | |
| 4 Date | 5 Payee name | | | | |
| 10/25/2024 | Marc LaHood Campaign | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$25,000.00 | 127 Encino Blanco | | | | |
| Expenditure from corporate funds | San Antonio, TX 78232 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By | | | | |
| | Candidate/Officeholder/Political Committee Campaign Contribution | | | | |
| | Campaign Contribution | | | | |
| • Operation ONUNC if all a st | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| 10/07/2024 | Matt Morgan Campaign | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$25,000.00 | 503 FM 359 | | | | |
| | Suite 130 | | | | |
| Expenditure from corporate funds | Richmond, TX 77406 | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee | | | | |
| | Candidate/Officeholder/Political Committee Campaign Contribution | | | | |
| | Campaign Contribution | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| | | | | | |
| Date | Payee name | | | | |
| 10/15/2024 | Matt Morgan Campaign | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$15,000.00 | 503 FM 359 | | | | |
| Evpondituro from | Suite 130 | | | | |
| Expenditure from corporate funds | Richmond, TX 77406 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | Contributions/Donations Made By | | | | |
| EXPENDITORE | Candidate/Officeholder/Political Committee | | | | |
| Campaign Contribution | | | | | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | |
| | · | | | | |
| | | | | | |
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| Advertising Expense | EXPENDITURE CATEGO | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense | | |
|---|--|--|---|--|--|
| Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic | | Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | 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 | - | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 14/17 Rpt: 30/33 | Texans United for a Conservative Ma | ijority PAC | 00088252 | | |
| 4 Date | 5 Payee name | | | | |
| 10/15/2024 | Peerly Inc. | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| \$30,000.00 | \$30,000.00 2232 Dell Range Rd. | | | | |
| | STE 287 | | | | |
| Expenditure from corporate funds | Cheyenne, WY 82009 | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this s | chedule) (b) Description | | | |
| OF EXPENDITURE | Advertising Expense | Check if travel | outside of Texas. Complete Schedule T. | | |
| | | | n, TX, officeholder living expense | | |
| | | Pre-paying fo | or text credits | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/C | | Chief Sought | | | |
| Date | Payee name | | | | |
| 10/24/2024 | Peerly Inc. | | | | |
| Amount (\$) | Payee address; City; Stat | e; Zip Code | | | |
| \$12,500.00 2232 Dell Range Rd. | | | | | |
| | STE 287 | | | | |
| Expenditure from corporate funds | Cheyenne, WY 82009 | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this s | | | | |
| EXPENDITURE | Advertising Expense | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | | |
| | | | ng text credits | | |
| | | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/O | | | | | |
| Date | Payee name | | | | |
| 10/01/2024 | Remington Research Group | | | | |
| Amount (\$) | Payee address; City; Stat | e; Zip Code | | | |
| \$5,500.00 | 800 W 47th St | | | | |
| | STE 200 | | | | |
| Expenditure from corporate funds | Kansas City, MO 64112 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this s | chedule) (b) Description | | | |
| OF EXPENDITURE | Polling Expense | Check if travel | Check if travel outside of Texas. Complete Schedule T. | | |
| | | | n, TX, officeholder living expense | | |
| Voter Research | | | | | |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name DH | Office sought | Office held | | |
| | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimburger Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above) | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 15/17 Rpt: 31/33 | Texans United for a Conservative Majority PAC | 00088252 | | | | |
| 4 Date | 5 Payee name | | | | | |
| 10/09/2024 | Shelley Luther Campaign | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$1,000.00 | | | | | | |
| Expenditure from corporate funds | Sherman, TX 75090 | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | | ck if travel outside of Texas. Complete Schedule T. | | | | |
| - | | ck if Austin, TX, officeholder living expense | | | | |
| | Camp | aign Contribution | | | | |
| | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| Date | Payee name | | | | | |
| 10/01/2024 | Tarrant County Patriots PAC | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$25,000.00 | 3020 S Cherry Ln | | | | | |
| \$20,000.00 | | | | | | |
| Expenditure from corporate funds | #122419 Fort Worth, TX 76131 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | ption | | | | |
| OF EXPENDITURE | | ck if travel outside of Texas. Complete Schedule T. | | | | |
| | | ck if Austin, TX, officeholder living expense | | | | |
| | PAC C | Contribution | | | | |
| | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date Payee name | | | | | | |
| 10/26/2024 | Texas Bank | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$470.00 | | | | | | |
| φ470.00 | | | | | | |
| Expenditure from corporate funds | Weatherford, TX 76086 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | ption | | | | |
| OF EXPENDITURE | | ck if travel outside of Texas. Complete Schedule T. | | | | |
| | | ck if Austin, TX, officeholder living expense | | | | |
| | W/T F | ees | | | | |
| | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | |
| | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Sebedula F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| 1 Total pages Schedule F1: Sch: 16/17 Rpt: 32/33 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texans United for a Conservative Majority PAC 00088252 | | | | |
| 4 Date | | | | | |
| 09/27/2024 | 5 Payee name WPA Intelligence | | | | |
| 6 Amount (\$) | 7 Pavea address: City: State: Zin Code | | | | |
| | | | | | |
| \$65,000.00 | 1900 E. 15th St. | | | | |
| Expenditure from | STE 600A | | | | |
| corporate funds | Edmond, OK 73013 | | | | |
| 8 PURPOSE | (b) Description | | | | |
| 0F | (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| | Voter Research | | | | |
| | Voler Research | | | | |
| | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| 10/04/2024 | WPA Intelligence | | | | |
| | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$7,312.00 | 1900 E. 15th St. | | | | |
| | STE 600A | | | | |
| Expenditure from corporate funds | Edmond, OK 73013 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Voter Research | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| Date | Payee name | | | | |
| 10/15/2024 | WPA Intelligence | | | | |
| 10/15/2024 | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$13,000.00 | 1900 E. 15th St. | | | | |
| | STE 600A | | | | |
| Expenditure from | | | | | |
| corporate funds | Edmond, OK 73013 | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF | Polling Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| EXPENDITURE | | | | | |
| Voter Research | | | | | |
| | | | | | Commiste ONLY if direct Condidate/Office helder name Office constant |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H | | | | |
| | | | | | |
| | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Of Food/Beverage Expense Po g- Gift/Awards/Memorials Expense Pri | an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense titing Expense aries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
|---|---|---|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) | |
| Sch: 17/17 Rpt: 33/33 | Texans United for a Conservative Majority | PAC | 00088252 | |
| 4 Date | 5 Payee name | | | |
| 10/25/2024 | WPA Intelligence | | | |
| 6 Amount (\$) \$32,500.00 | 7 Payee address; City; State; Zip Code 1900 E. 15th St. STE 600A | | | |
| corporate funds | Edmond, OK 73013 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule Polling Expense | Check if travel out | tside of Texas. Complete Schedule T. X, officeholder living expense 1 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | e sought | Office held | |
| Date | Payee name | | | |
| 10/09/2024 | Wes Virdell Campaign | | | |
| Amount (\$) | Payee address; City; State; Z | p Code | | |
| \$1,000.00 | PO Box 147 | | | |
| Expenditure from corporate funds | Brady, TX 76825 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committe | Check if travel out | tside of Texas. Complete Schedule T. X, officeholder living expense tribution | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | e sought | Office held | |
| | | | | |