#### 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) 00064099 3 COMMITTEE NAME **OFFICE USE ONLY** Texans For Conservative Leadership Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 70073 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77270 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Shelby NAME NICKNAME LAST **SUFFIX** Griesinger STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 13740 N Highway 183 STREET **ADDRESS** Ste. L2 #110 (Residence or Business) Austin, TX 78750 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 13740 N Highway 183 MAILING **ADDRESS** Ste. L2 #110 Austin, TX 78750 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (682) 207-7448 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 **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texans For Conserva	ative Leadership		00064099	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dan Patrick Lieutenant Govern	nor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	50,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	100,090.00
CONTRIBUTION BALANCE	l l	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	I	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mrs. Shelb	y Griesinger	
		Signature of Car	mpaign Treasure	r
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	r administering oath

### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE**

## FORM GPAC **ADDENDUM**

			13 Filer ID	(Ethics Commission Filers)
e Leadership			00064099	
1. Candidates (Identify by name or, if applicable, classify by party.)		Benjamin Bumgarner State Rep	presentative	
	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.)				
<del> </del>		Tony Tinderholt State Renrese	ntative	
(Identify by name or, if		Tony Timemon State Represen	nauve	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
applicable, classify by party.)				
	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Opposed  A. Supported  B. Opposed  B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Tony Tinderholt State Represer  Tony Tinderholt State Represer  Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Tony Tinderholt State Represer  A. Supported  Tony Tinderholt State Represer  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed	te Leadership  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported  5. Opposed  5. Opposed  6. Supported  7. Supported  8. Opposed  7. Supported  8. Opposed  8. Opposed  8. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  9. Opposed  1. Candidates (Identify by name or, if applicable of issue.)  1. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  1. Opposed  1. Opposed  1. Opposed  1. Opposed  1. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

				OVER GILET	4 of 7
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commission	Filers)
Tex	ans Fo				
		E SUBTOTALS SCHEDULE		SUBTOTAL AM	IOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5	50,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 10	00,090.00
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	\$	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1
	The Instruction Gui		Total pages Schedule A1: Sch: 1/1 Rpt: 5/7			
2	FILER NAME Texans For Conservative Leadership					Filer ID (Ethics Commission Filers) 00064099
4	Date 10/24/2024  5 Full name of contributor out-of-state PAC (ID#:) Dunn, Timothy  6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$50,000.0
8	Principal occupation / Job CEO	d, TX 79710 title (See Instructions)	9	Employer (See Instructions CrownQuest	 5)	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

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: 1/2 Rpt: 6/7	Texans For Conservative Leadership 00064099						
4 Date	Payee name						
09/30/2024	Benjamin Bumgarner Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code	_					
\$5,000.00	5150 Kensington Ct						
Expenditure from corporate funds	Flower Mound, TX 75022						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense						
	Campaign Contribution						
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_					
Date	Payee name	=					
10/01/2024	Benjamin Bumgarner Campaign						
Amount (\$)	Payee address; City; State; Zip Code	_					
\$20,000.00	5150 Kensington Ct						
Expenditure from corporate funds	Flower Mound, TX 75022						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.						
	Candidate/Officeholder/Political Committee						
	Gampaign Contribution						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-					
expenditure to benefit C/OI							
Date	Payee name	=					
09/27/2024	Texans for Dan Patrick						
Amount (\$)		_					
\$50,000.00	Payee address; City; State; Zip Code 4120 Bellaire Blvd						
φ30,000.00	4120 Deliane Divu						
Expenditure from corporate funds	Houston, TX 77025						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Candidate/Officeholder/Political Committee						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-					
expenditure to benefit C/OI							
		-					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Gift/Awards/Memorials Expen Legal Services  The Instruction Guide e	Salaries/V	Vages/Co	ontract Labor this form.		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1 Total pages Schedule F1: Sch: 2/2 Rpt: 7/7	1	Conservative Leade	rehin				Filer ID 00064099	(Ethics Commission Filer	rs)
-		Conservative Leade					00004033		
4 Date	5 Payee name								
10/26/2024	Texas Bank								
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de					
\$90.00	901 Santa I	e Dr							
Expenditure from corporate funds	Weatherfor	d, TX 76086							
8 PURPOSE				(h) D					
OF		ee Categories listed at the top	of this schedule)	( <b>0)</b> D	escription	nutsin	te of Texas Con	nplete Schedule T.	
EXPENDITURE	Accounting.	Banking		⊢	Check if Austin,				
				\ \	J V/T Fees				
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ght			Office h	eld	
Date	Payee name								
10/22/2024	Tony Tinde	rholt Campaign							
Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
\$25,000.00	3800 Park I	Manor Ct.							
Expenditure from corporate funds	Arlington, T	X 76017							
PURPOSE OF	1	ee Categories listed at the top		<b>(b)</b> D	escription				
EXPENDITURE		ns/Donations Made E		l ⊨	<u>-</u>			nplete Schedule T.	
	Candidate/	Officeholder/Political	Committee	L	Check if Austin, Campaign Co			g expense	
					ampaign co	/I IUI	ibution		
Commission ONII V if dispose	Candidata/Off		O#iaa aau				Office h	ald	
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	gnı			Office fi	eiu	