FORM DCE COVER SHEET PG 1

The DCE Instruction G	Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commission Filers 00080699	5)	2 Total pages filed: 7						
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE U	SE ONLY						
	NICKNAME	SUFFIX	Date Received ELECTRONICALLY FILED 10/28/2024								
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE;	ZIP CODE							
Change of Address	c/o Walter J. Olson 370 Maple Avenue Wes				Date Hand-delivered or [
	Vienna, VA 22180-5615				Receipt #	Amount					
5 FILER PHONE	AREA CODE PHO (703) 356-6919	ONE NUMBER E	EXTENSION		Date Processed	1					
6 REPORT TYPE	January 15	<u> </u>	th day before election		Date Imaged						
	July 15		n day before election								
7 PERIOD COVERED	Month Day Yea 07/01/2024		N HROUGH	/onth Day 10/26/2024	Year 4						
8 ELECTION	ELECTION DATE Month Day Yea 11/05/2024		· 🗀	ELECTION T	YPE Other						
9 FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported A	ndy Hopper State Re	epresentative							
(Attach lists on plain paper to complete this report if		B. Opposed									
necessary.)	Measures (Describe by date and location of election and nature of issue.)	A. Supported									
		B. Opposed									
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
GO TO PAGE 2											

FORM DCE COVER SHEET PG 2

FILER NAME		11 Filer ID (E	11 Filer ID (Ethics Commission Filers)					
Gun Owners of Ame	erica, Inc.		00080699					
EXPENDITURE TOTALS	1. TOTAL UNITEM	MIZED POLITICAL EXPENDITURES	\$	0.00				
	2. TOTAL POLIT	FICAL EXPENDITURES	\$	15,000.0				
AFFIDAVIT			·					
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Cor	enalty of perjury, that the accon les all information required to b de.	npanying report is e reported by me				
			Signature of Filer or					
			ual with authority to sign on be	half of entity				
		((only if Filer is an entity)					
		aid		day				
Signature of office	er administering oath	Printed name of officer administering oatl	h Title of officer ac	dministering oath				

FORM DCE ADDENDUM

Page 3 of 7

					<u>-</u>
10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Gun Owners of America	a, INC.			00080699)
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Steve Kinard State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Don McLaughlin State	e 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			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Mike Olcott State Rep	presentative	
(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 DCE ADDENDUM

Page 4 of 7

						r age rerr			
10 FILER NAME					11 Filer ID	(Ethics Commission Filers)			
Gun Owners of America	a, Inc.				00080699				
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party) A. Supported Nate Schatzline 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							
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)								
12 COMMITTEE	 	A Supported	Moo Virdoll Ctata De	nrocontati:					
ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)		Wes Virdell State Re	presentativ	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)								
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SL	JBT	OTALS - DCE		FORM DCE
			C	OVER SHEET PG 3 5 of 7
	R NAN		15 Filer ID	(Ethics Commission Filers)
Gur	n Owne	ers of America, Inc.	00080699	
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE F1: POLITICAL EXPENDITURES		\$ 15,000.00
2.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
3.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$

POLITICAL EXPENDITURES

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		ommittee L	Gift/Awar Legal Se	verage Expense rds/Memorials Exp ervices struction Guide			xpens /ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/2 Rpt: 6/7		Gun Owners	of Ar	nerica, Inc.						00080699		
4	Date	5	Payee name										
	10/01/2024		Big Tex Bus	LLC									
6	Amount (\$)	7	Payee address	s;	City;								
	\$2,500.00		P.O. Box 190	00									
Х	Expenditure from corporate funds		Mansfield, T	X 760	163								
8	PURPOSE	(a)	Category (See	e Catego	ories listed at the to	p of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising E	Expen	ise				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
									Bus advertisii	ng			
9	Complete ONLY if direct	<u>—</u> ,	Candidate/Offic	eholde	er name	0	office sou	ght			Office he	eld	
	expenditure to benefit C/OF		Hopper, Andy					-	entative Distri	ict 6	64		
	Date		Payee name										
	10/03/2024	ot	Big Tex Bus										
	Amount (\$)		Payee address	•	City;	State;	Zip Co	de					
	\$2,500.00		P.O. Box 190	00									
Х	Expenditure from corporate funds	L	Mansfield, T	X 760)63								
	PURPOSE OF	(a)	Category (See			p of this sche	edule)	(b)	Description		: := 0		
	EXPENDITURE		Advertising E	Expen	ise				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
									Bus advertisir	ng			
_	Consider ONII V if disease	<u></u>	211-1 pts/Office	رام امار			· ("	-1-4			O#ina ha		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic Kinard, Steve		er name		office sou	-	entative Distri	iot "	Office he	eld	
		<u>—</u> ˈ	Midiu, Sieve				late Ne	μισο	HIIIALIVE DISHI	ICι	70		
	Date		Payee name										
	10/16/2024	L	Big Tex Bus	LLC									
	Amount (\$)		Payee address		City;	State;	Zip Co	de					
	\$2,500.00		P.O. Box 190	00									
	Expenditure from												
X	corporate funds		Mansfield, T	X 760	163								
	PURPOSE	(a)	Category (See	e Catego	ories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising E	Expen	ise				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
									Bus advertisir	ng			
	Complete ONLY if direct	Ц,	Candidate/Offic	eholde	er name	0	office sou	ght			Office he	eld	
	expenditure to benefit C/OF		McLaughlin, D					epresentative District 80					

POLITICAL EXPENDITURES

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Ser				/ages	Contract Labor		OTHER (enter a		ot listed above)	
		_			truction Guid	e explain	s how to co	mple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME	Ē						3	Filer ID	(Ethics (Commission Filers)	
	Sch: 2/2 Rpt: 7/7	Gun Owners of America, Inc.									00080699			
4	Date	5	Payee name											
	10/21/2024		Big Tex Bus	S LLC										
6	Amount (\$)	7	Payee addres	City;	e; Zip Co	de						•		
	\$2,500.00		P.O. Box 19	900										
Х	Expenditure from corporate funds		Mansfield, T	ΓX 7606	63									
8	PURPOSE	(2)	•					(h)	Description					_
0	OF	(a)	Category (Se			op of this s	chedule)	(D)	Description Check if travel of	outsio	de of Texas. Con	nolete Sched	dule T.	
	EXPENDITURE		Advertising	Expens	50				Ш			.,		
									Bus advertisir	ng				
9	Complete ONLY if direct		Candidate/Offi	ceholde	r name		Office sou	ght			Office h	eld		_
	expenditure to benefit C/OI	۱ (Olcott, Mike				State Rep	ores	entative Distri	ict 6	60			
	Date		Payee name											=
	10/19/2024		Big Tex Bus	s LLC										
	Amount (\$)		Payee addres		City;	Stat	e; Zip Co	do						_
	\$2,500.00		P.O. Box 19	-	Oity,	Oldi	c, 2ip 00	uc						
	Ψ2,300.00		F.O. DOX 13	000										
X	Expenditure from													
	corporate funds		Mansfield, 1	X 7606	63 									
	PURPOSE OF	(a)	Category (Se	ee Categor	ries listed at the t	op of this s	chedule)	(b)	Description					
	EXPENDITURE		Advertising	Expens	se				Check if travel of	outsio	de of Texas. Con	nplete Sched	lule T.	
									Bus advertsin	na				
									Das aavertsiii	9				
	Complete ONLY if direct		Candidate/Offi	ceholde	r name		Office sou	aht			Office h	eld.		_
	expenditure to benefit C/O		Schatzline, N		i name			•	entative Distri	ict 9		Ciu		
		_												_
	Date		Payee name											
	10/16/2024		Big Tex Bus											
	Amount (\$)		Payee addres		City;	Stat	e; Zip Co	de						
	\$2,500.00		P.O. Box 19	900										
_	T Expenditure from													
Χ	corporate funds		Mansfield, 7	ΓX 7606	63									
	PURPOSE	(a)	Category (Se	ee Categor	ries listed at the t	op of this s	chedule)	(b)	Description					
	OF EXPENDITURE		Advertising						Check if travel of	outsio	de of Texas. Con	nplete Sched	dule T.	
	LXI LINDITORL								D					
									Bus advertisir	ıg				
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2													_
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholde	r name		Office sou	-	antative Distri		Office h	eld		
	Emportance to bottom 0/01	. ,	√irdell, Wes				State Re	ures	entative Distri	CT 5	ರ ರ			