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) 00086379 3 COMMITTEE NAME **OFFICE USE ONLY** TNP Political Action Committee Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5237 N. Riverside Dr., Suite 100 Date Hand-delivered or Date Postmarked Change of Address Fort Worth, TX 76137 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Pamela NAME NICKNAME LAST **SUFFIX** Moore **CPA** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5237 N. Riverside Drive STREET **ADDRESS** Suite 100 (Residence or Business) Fort Worth, TX 76137 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5237 N. Riverside Drive MAILING **ADDRESS** Suite 100 Fort Worth, TX 76137 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 665-7070 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** 07/01/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|----------------|----------------------------|
| TNP Political Action Co | ommittee | | 00086379 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Ms. Vicki LeBlanc Waller Cou | nty Commiss | ioner Pct 1 |
| (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 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZEI | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 25,901.78 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 182,534.75 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | • | | | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | | |
| | | Mrs. Pamela | a Moore CPA | |
| | | Signature of Car | mpaign Treasu | rer |
| AFFIX NOTARY | ' STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | d before me, by the said _ | , tr | nis the | day |
| | | which, witness my hand and seal of office. | | |
| Signature of officer ac | dministaring oath | Printed name of officer administering oath | Title of offic | er administering oath |
| Signature of officer at | animistening vatir | Timed hame of officer administering oath | THE OF OHIC | on administering batti |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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| | | | | | 1 ago 0 01 12 |
|--------------------------------|---|--|--------------|-------------------------------|--|
| 12 | COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
| TNP Political Action Committee | | | | | 00086379 |
| 11 | COMMITTEE | 1. Candidates | A. Supported | | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | 2. Measures | A. Supported | | |
| | | (Describe by date and location of election and nature of issue.) | | | |
| | | | B. Opposed | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | Commissioner Kenneth Tice Ch | ambers Co Commissioner Pct 2 |
| | COMMITTEE | 1. Candidates | A Supported | Mr. Ritch Wheeler Montgomery | Co Commissioner Pct 3 |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | Wil. Mich Wheeler Worligomery | Co Commissioner i et s |
| | (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.) | | | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | | B. Opposed | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | Commissioner Matt Gray Montg | omery Co Comm Pct 4 |
| | | 1 | I | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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| nmittee | | | 13 Filer ID (Ethics Commission Filers) |
|---|--|--|--|
| mmittee | | | |
| | | | 00086379 |
| 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| | 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.) | | Commissioner Kendric Jones W | aller Co Commission Pct 3 |
| Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| | 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.) | | Commissioner Matt Krause Tarr | ant Co Commissioner Pct 3 |
| Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| | 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.) | | Judge Jimmy Sylvia District Jud | ge |
| | 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 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. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) 3. Opposed 3. Officeholders Assisted (Identify by name or, if applicable of election and location of el | 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 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Commissioner Matt Krause Tarra paper or, if applicable, classify by party.) B. Opposed 5. Opposed 4. Supported (Identify by name or, if applicable, classify by party.) B. Opposed 5. Opposed 5. Opposed 5. Opposed 7. Supported 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 7. Supported 8. Opposed 9. Opposed 1. Supported 9. Opposed 1. Supported 1. Supported 1. Supported 1. Supported 1. Supported 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) 1. Supported 2. Measures (Describe by Jame or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, party by party.) |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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| | | | | | Fage 3 01 12 |
|----|---|---|--------------|------------------------------|--|
| 12 | COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
| | TNP Political Action Cor | mmittee | | | 00086379 |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | 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.) | | Commissioner Ryan Dagley Cha | ambers Co Commissioner Pct 3 |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | 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.) | | Commissioner Vincent Morales | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | 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.) | | Commissioner Robert Walker M | lontgomery Co Commissioner Pct 1 |
| | | | | | |

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

| PURPUSE | | | | | Page 6 of 12 |
|---|---|--------------|--------------------------------|-----------------------------|----------------------------|
| 12 COMMITTEE NAME TNP Political Action Co | ommittee | | | 13 Filer ID 00086379 | (Ethics Commission Filers) |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | 0000010 | |
| (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 | | Judge Trey Duhon District Judg | e | |
| | (Identify by name or, if applicable, classify by party.) | | | | |
| | | | | | |
| | | | | | |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | 7 of 12 |
|-----------|--|-----------------------------|----------------------------|
| 17 COMMIT | TEE NAME itical Action Committee | 18 Filer ID 00086379 | (Ethics Commission Filers) |
| | LE SUBTOTALS = SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION |)R | \$ |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 8. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ |
| 9. | SCHEDULE E: LOANS | | \$ |
| 10. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ 25,901.78 |
| 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 | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
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| I | | | |

SCHEDULE F1

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

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

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

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

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | |
|---|---|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 1/5 Rpt: 8/12 | TNP Political Action Committee 00086379 | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 09/24/2024 | Dagley, Ryan (Commissioner) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$1,000.00 | 9015 Waterpoint Dr | | | | | |
| | | | | | | |
| Expenditure from corporate funds | Beach City, TX 77523 | | | | | |
| 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 | | | | | |
| | Chambers Co Commissioner Pct 4 | | | | | |
| | | | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | |
| Date | Payee name | | | | | |
| 10/23/2024 | Duhon, Trey (Judge) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$1,500.00 | PO Box 640 | | | | | |
| +2,000.00 | | | | | | |
| Expenditure from corporate funds | Hempstead, TX 77445 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Contributions/Donations Made By | | | | | |
| EXI ENDITORE | Candidate/Officeholder/Political Committee | | | | | |
| | Waller Co Judge | | | | | |
| | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | |
| Date | Payee name | | | | | |
| 08/26/2024 | Gray, Matt | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$2,500.00 | PO Box 1469 | | | | | |
| \$2,500.00 | FO BOX 1409 | | | | | |
| Expenditure from corporate funds | Porter, TX 77365 | | | | | |
| 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. | | | | | |
| EXPENDITORE | Candidate/Officeholder/Political Committee | | | | | |
| | Montgomery Co Commissioner Pct 4 | | | | | |
| _ | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/OI | 1 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

| 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: 2/5 Rpt: 9/12 | TNP Political Action Committee 00086379 |
| 4 Date | 5 Payee name |
| 07/02/2024 | Gray, Matt |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | PO Box 1469 |
| | |
| Expenditure from corporate funds | Porter, TX 77365 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Montgomery Co Commissioner Pct 4 |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 09/17/2024 | Jones, Kendric |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | 17814 Scarlet Forest Dr |
| | |
| Expenditure from corporate funds | Tomball, TX 77377 |
| 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 |
| | Waller to Commissioner Fit 3 |
| 0 1 0 0 1 0 1 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 09/23/2024 | Krause, Matt (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | 8553 N Beach St |
| | |
| Expenditure from corporate funds | Keller, TX 76244 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| EXI ENDITORE | Candidate/Officeholder/Political Committee |
| | Tarrant Co Commissioner Pct 3 |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiorare to benefit C/OI | 1 |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| | |
| 1 Total pages Schedule F1: Sch: 3/5 Rpt: 10/12 | 2 FILER NAME3 Filer ID(Ethics Commission Filers)TNP Political Action Committee00086379 |
| 4 Date | 5 Payee name |
| | |
| 07/02/2024 | LeBlanc, Vicki |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$500.00 | 38868 FM 1488 Rd. |
| | |
| Expenditure from | Hompstood, TV 7744F |
| corporate funds | Hempstead, TX 77445 |
| 8 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 |
| | Waller Co Commissioner Pct 1 |
| | |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| ' | |
| Date | Payee name |
| 08/08/2024 | Morales, Vincent (Commissioner) |
| Amount (\$) | Payee address; City; State; Zip Code |
| ` ′ | PO Box 1174 |
| \$5,000.00 | PO BOX 1174 |
| Expenditure from | |
| corporate funds | Rosenberg, TX 77471 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Fort Bend Co Pct 1 |
| | |
| Computate ONLL V if diseast | Condidate/Officeholder name Office sought Office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to benefit Gree | |
| Date | Payee name |
| 09/09/2024 | Nice Ash |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,151.78 | 3117 White Oak Dr |
| - Cynanditur- f | |
| Expenditure from corporate funds | Houston, TX 77077 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Support for Kenric Jones |
| | Supportion Refine voltes |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiulture to beliefft C/OI | Jones, Kendric Waller Co Commissioner Pct 3 |
| | |
| | |
| | |

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 | |
|--|--|
| 1 Total pages Schedule F1: | |
| Sch: 4/5 Rpt: 11/12 | TNP Political Action Committee 00086379 |
| 4 Date | 5 Payee name |
| 09/24/2024 | Sylvia, Jimmy (Judge) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | 5341 Old FM 565 North |
| Expenditure from corporate funds | Cove, TX 77523 |
| 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Judge for Chambers Co. |
| | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 07/02/2024 | Tice, Kenneth (Commissioner) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$750.00 | 6111 Cajun Way |
| - Cynonditure from | |
| Expenditure from corporate funds | Baytown, TX 77523 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee Chambers Co Commissioner Pct 2 |
| | Chambell de Commissioner i de L |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 08/08/2024 | Walker, Robert |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,500.00 | PO Box 1034 |
| Expenditure from corporate funds | Conroe, TX 77305 |
| · | 1 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Montgomery Co Commissioner Pct 1 |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| • | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking 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

Travel in Distri

| 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: 5/5 Rpt: 12/12 | TNP Political Action Committee 00086379 | |
| 4 Date | 5 Payee name | |
| 10/23/2024 | Walker, Robert | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | ٦ |
| \$1,000.00 | PO Box 1034 | |
| | | |
| Expenditure from corporate funds | Conroe, TX 77305 | |
| | | _ |
| 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Candidate/Officeholder/Political Committee | |
| | Workgomery Go Commissioner Fet 1 | |
| O Complete CNII V if divers | Candidate/Officeholder name Office sought Office held | 4 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | the state of the s | |
| · | | _ |
| Date | Payee name | |
| 08/12/2024 | Wheeler, Ritch | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$2,500.00 | 25511 Budde Road | |
| | Baylor Bldg #302 | |
| Expenditure from corporate funds | The Woodlands, TX 77380 | |
| • | | _ |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| 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 | |
| | Montgomery Co Commissioner Pct 3 | |
| | Monigoniary do commissionar i de d | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · | |
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