#### 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) 00086644 3 COMMITTEE NAME **OFFICE USE ONLY** Our Values PAC Date Received **ELECTRONICALLY FILED** 01/04/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 12803 Elgin Ave Date Hand-delivered or Date Postmarked Change of Address Lubbock, TX 79423 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Joe NAME NICKNAME LAST **SUFFIX** Delk STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12803 Elgin Ave. STREET **ADDRESS** (Residence or Business) Lubbock, TX 79423 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 12803 Elgin Ave. MAILING **ADDRESS** Lubbock, TX 79423 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (575) 808-4321 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 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/12/2024 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)
Our Values PAC			00086644	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS Macheck here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	406,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	354,166.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	36,347.14
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1		<u> </u>	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mr. Jo	e Delk	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed 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	cer administering oath

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					3 of 15
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics (	Commission Filers)
	r Value		00086644	`	,
		E SUBTOTALS		T	
		SCHEDULE		SU	BTOTAL AMOUNT
				├	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	406,500.00
	<u>-</u>			<del>                                     </del>	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				ļ <sup>*</sup>	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	<u> </u>			<u>Ψ</u>	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	PR		
4.	Ш	ORGANIZATION		\$	
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	<u> </u>	
5.	Ш	LABOR ORGANIZATION		\$	
	_			<del>                                     </del>	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
				<del> </del>	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
		UNDANIZATION		<u> </u>	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
	<u> </u>			<u> </u>	
9.		SCHEDULE E: LOANS		_	
δ.	Ш	SCHEDULE E. LOANS		\$	
10		CONTRACTOR OF THE PROPERTY OF			254400.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	354,166.89
				<del>                                     </del>	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				<del>                                     </del>	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				<del> </del>	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	<u> </u>			<u> </u>	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	52,359.42
	<u> </u>			Ψ	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED		
10.	Ш	TO FILER		\$	

	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/15
2	FILER NAME Our Values F	PAC			3	Filer ID (Ethics Commission Filers) 00086644
4	Date 10/25/2024  5 Full name of contributor out-of-state PAC (ID#:) Bill, Rehm  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$4,000.00		
8	Principal occu	Albuquerque, NM 87191 Dation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
	Representati	ve		State of NM		
	Date 08/21/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$50,000.00
		San Ramon, CA 94583	-			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/04/2024	Full name of contributor out-of-state PA Committee to Elect David Gallegos Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$) \$4,000.00
	Principal occur	Lovington, NM 88260 pation / Job title (See Instructions)		Employer (See Instructions	.)	
	Timolpai occu	oduoti, oob uue (eee madaelons)		Employer (dee mandenona	')	
	Date 09/04/2024	Full name of contributor out-of-state PADavid, Edward  Contributor address; City; State; Zip Code  Roswell, NM 88203				Amount of Contribution (\$) \$35,000.00
	Principal occu Oil & Gas	pation / Job title (See Instructions)		Employer (See Instructions Self	5)	
	Date 10/25/2024	Full name of contributor out-of-state PA Gonzales, Diego Contributor address; City; State; Zip Code Albuquerque, NM 87122	AC (ID#:			Amount of Contribution (\$) \$2,500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self	5)	
			<u> </u>			

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/15	
2	FILER NAME Our Values F	PAC			3	Filer ID (Ethics Commission F 00086644	Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 07/30/2024 Hinkle III, Rolla 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50	0,000.00		
_	5	Roswell, NM 88202	Ia				
8	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions) R.R. Hinkle Company, Ir			
	Date 08/20/2024	Full name of contributor ou Hise, Neil Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code			Amount of Contribution (\$) \$20	0,000.00
	Dringing	Los Lunas, NM 87031		Franksian (Cap Instructions)	_		
	CEMCO, Inc	pation / Job title (See Instructions)		Employer (See Instructions) President	)		
	Date 09/13/2024	Full name of contributor ou Maestas, Deborah  Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code			Amount of Contribution (\$) \$25	5,000.00
	Deinsinal assu	Los Ranchos, NM 87107	1	Frankston (Co. Instructions)	_		
	CSI Aviation	pation / Job title (See Instructions) Inc		Employer (See Instructions) President	·)		
	Date 10/08/2024	Full name of contributor ou Murphy, Mark  Contributor address; City; State; Zip  Roswell, NM 88202	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$) \$50	0,000.00
	Principal occu Oil & Gas	pation / Job title (See Instructions)		Employer (See Instructions) Self	)		
	Date 09/24/2024	Full name of contributor ou  New Mexico Turn Around  Contributor address; City; State; Zij  Albuquerque, NM 87103	t-of-state PAC (ID#:			Amount of Contribution (\$) \$20	0,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTI	ION	NS .		SCHEDULE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/15	
2	FILER NAME Our Values F	PAC			3	Filer ID (Ethics Commission Filers) 00086644
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Spencer, Ben  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$25,000.00		
		Albuquerque, NM 87120				
8	Principal occu Real Estate	pation / Job title (See Instructions)	9	Employer (See Instructions Titan Development LTD		
	Date 09/19/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$25,000.00
	Principal occu	Los Ranchos, NM 87107 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>.</u>	
	President			CSI Aviation	,	
	Date 08/21/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$25,000.00
	Dringinal occu	Loco Hills, NM 88255 pation / Job title (See Instructions)	_	Employer (See Instructions		
	Owner	pation / 300 title (See Instructions)		Ray Westall	')	
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID Wilger, John  Contributor address; City; State; Zip Code  Albuquerque, NM 87107		)		Amount of Contribution (\$) \$5,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Wilger Construction	i)	
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID Yates, Charlotte  Contributor address; City; State; Zip Code  Artesia, NM 88211		)		Amount of Contribution (\$) \$16,000.00
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Homemaker	5)	
			-			

	MONET	ARY POLITICAL CONTRIBUTION	AC	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/15
2	FILER NAME Our Values I				3	Filer ID (Ethics Commission Filers) 00086644
4	Date 08/26/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$50,000.00
8		Artesia, NM 88210 pation / Job title (See Instructions)	9		s)	
	Executive			Yates Petroleum		

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

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: 1/5 Rpt: 8/15	Our Values PAC 00086644
4 Date	5 Payee name
09/04/2024	Art & Copy Partners LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$43,543.65	3245 Peachtree Parkway
	Suite D #238
Expenditure from corporate funds	Suwanee, GA 30024
·	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Mailer - Non-Texas Candidate
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/16/2024	Art & Copy Partners LLC
Amount (\$)	Payee address; City; State; Zip Code
\$27,421.88	3245 Peachtree Parkway
	Suite D #238
Expenditure from corporate funds	Suwanee, GA 30024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Advertising - Non-Texas Candidate
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/23/2024	Art & Copy Partners LLC
Amount (\$)	Payee address; City; State; Zip Code
\$60,011.32	3245 Peachtree Parkway
	Suite D #238
Expenditure from corporate funds	Suwanee, GA 30024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Advertising - Non-Texas candidate
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/OI	•

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

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 9/15	Our Values PAC 00086644
4 Date	5 Payee name
10/02/2024	Art & Copy Partners LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$28,317.63	3245 Peachtree Parkway
	Suite D #238
Expenditure from corporate funds	Suwanee, GA 30024
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Advertising - Non-Texas Candidate
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/08/2024	Art & Copy Partners LLC
Amount (\$)	Payee address; City; State; Zip Code
\$71,134.70	3245 Peachtree Parkway
Ψ11,104.10	Suite D #238
Expenditure from	
corporate funds	Suwanee, GA 30024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Advertising - Non-Texas Candidate
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
10/09/2024	Art & Copy Partners LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,224.34	3245 Peachtree Parkway
- "	Suite D #238
Expenditure from corporate funds	Suwanee, GA 30024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
_//	Check if Austin, TX, officeholder living expense
	Advertising - Non-Texas Candidate
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 3/5 Rpt: 10/15	Our Values PAC 00086644
4 Date	5 Payee name
10/14/2024	Art & Copy Partners LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$43,291.44	3245 Peachtree Parkway
¥ 10,2021 1 1	Suite D #238
Expenditure from corporate funds	Suwanee, GA 30024
·	·
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Advertising - Non-Texas Candidate
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/16/2024	Art & Copy Partners LLC
Amount (\$)	Payee address; City; State; Zip Code
\$28,966.57	3245 Peachtree Parkway
	Suite D #238
Expenditure from corporate funds	Suwanee, GA 30024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Advertising - Non-Texas Candidate
	The state of the s
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/18/2024	Art & Copy Partners LLC
Amount (\$)	Payee address; City; State; Zip Code
\$43,320.95	3245 Peachtree Parkway
	Suite D #238
Expenditure from corporate funds	Suwanee, GA 30024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAI LINDITOILE	Check if Austin, TX, officeholder living expense
	Advertising - Non-Texas Candidate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### 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 co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 11/15	Our Values PAC	00086644
4 Date	5 Payee name	'
10/24/2024	Dialing Services	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,785.57	500 N Main St	
Expenditure from corporate funds	Roswell, NM 88201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Phone Bank - Non-Texas Candidate
		Thomas Same Toxas Samulates
Complete ONLY if direct expenditure to benefit C/Or	Candidate/Officeholder name Office sou	I light Office held
Date	Payee name	
10/29/2024	Dialing Services	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1,003.44	500 N Main St	
Expenditure from corporate funds	Roswell, NM 88201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Phone Bank	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Phone Bank - Non-Texas Candidate
		Thomas Same Toxas Samuadas
Complete ONLY if direct	Candidate/Officeholder name Office sou	L ight Office held
expenditure to benefit C/OI		
Date	Payes name	
10/30/2024	Payee name Dialing Services	
Amount (\$)	Payee address; City; State; Zip Co 500 N Main St	ode
\$1,526.16	500 N Main St	
Expenditure from		
corporate funds	Roswell, NM 88201	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Phone Bank - Non-Texas Candidate
		- 1.2 _ 1.1.1
Complete ONLY if direct	Candidate/Officeholder name Office sou	l aght Office held
expenditure to benefit C/O		Since Held

## 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 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 (other a cottographed listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		ting Expense Travel Out of District aries/Wages/Contract Labor OTHER (enter a category not listed above)  to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 12/15	Our Values PAC	00086644
4 Date	5 Payee name	
11/04/2024	Dialing Services	
6 Amount (\$)	7 Payee address; City; State; Zi	o Code
\$2,619.24	500 N Main St	
Expenditure from corporate funds	Roswell, NM 88201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Phone Bank - Non-Texas Candidate
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office	e sought Office held
<u> </u>		

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to complete this form.
Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt:	Our Values PAC 00086644
4 Date	5 Payee name
09/17/2024	Albuquerque Journal
6 Amount (\$)	7 Payee Address; City; State; Zip
100.00	7777 Jefferson St NE
Expenditure from corporate funds	Albuquerque, NM 87109
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Office Overhead/Rental Expense Subscription
EXPENDITORL	
Date	Payee name
08/08/2024	Estrada, Jamie (Mr.)
Amount (\$)	Payee Address; City; State; Zip
26,906.25	4717 Southern Ave SE
Expenditure from corporate funds	Albuquerque, NM 87108
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF	Office Overhead/Rental Expense Consulting
EXPENDITURE	
Date	Payee name
08/05/2024	File Right
Amount (\$)	Payee Address; City; State; Zip
1,500.00	3718 Bridle Trails Ct
Expenditure from	
corporate funds	College Station, TX 77845
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.)  Compliance
EXPENDITURE	Onice Overneau//Critica Expense
Date	Payee name
10/02/2024	File Right
Amount (\$)	Payee Address; City; State; Zip
500.00	3718 Bridle Trails Ct
Expenditure from	
corporate funds	College Station, TX 77845
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
EXPENDITURE	Office Overhead/Rental Expense Compliance
	<u> </u>

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 2/3 Rpt:	Our Values PAC 00086644		
4 Date	5 Payee name		
11/04/2024	File Right		
6 Amount (\$)	7 Payee Address; City; State; Zip		
2,000.00	3718 Bridle Trails Ct		
Expenditure from corporate funds	College Station, TX 77845		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	l ·	
OF EXPENDITURE	Office Overhead/Rental Expense	Compliance	
Date	Payee name		
12/11/2024	File Right		
Amount (\$)	Payee Address; City; State; Zip		
500.00	3718 Bridle Trails Ct		
Expenditure from	College Station TV 7704F		
corporate funds	College Station, TX 77845	10.	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Compliance	
EXPENDITURE	/ Accounting/ Banking	Compliance	
Date	Payee name		
07/05/2024	RSW Law Firm		
Amount (\$)	Payee Address; City; State; Zip		
10,000.00	150 Washington Ave		
Expenditure from	Ste 201		
corporate funds	Santa Fe, NM 87501	<b>1</b>	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Legal Services	(b) Description (See instructions regarding type of information required.)  Legal Services	
EXPENDITURE	Legal Services	Legal Services	
Date	Payee name		
09/18/2024	RSW Law Firm		
Amount (\$)	Payee Address; City; State; Zip		
10,818.75	150 Washington Ave		
Expenditure from	Ste 201		
corporate funds	Santa Fe, NM 87501	<u> </u>	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	l ·	
EXPENDITURE	Office Overhead/Rental Expense	Legal Fees	
	L		

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Our Values PAC	3 Filer ID (Ethics Commission Filers) 00086644
4 Date	5 Payee name	
10/18/2024	Taxation & Revenue New Mexico	
6 Amount (\$)	7 Payee Address; City; State; Zip	
1.22	1100 South St. Francis Drive	
Expenditure from corporate funds	Santa Fe, NM 87504	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
EXPENDITURE	Office Overhead/Rental Expense	Sales Tax
Date	Payee name	
08/12/2024	Zoom US	
Amount (\$)	Payee Address; City; State; Zip	
15.99	55 Almaden Blve Ste 600	
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Online Meeting
Date	Payee name	
09/12/2024	Zoom US	
Amount (\$)	Payee Address; City; State; Zip	
17.21	55 Almaden Blve	
Expenditure from	Ste 600 San Jose, CA 95113	
corporate funds  PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Office Overhead/Rental Expense	Video Conference