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) 00086595 3 COMMITTEE NAME **OFFICE USE ONLY** Patriot Mobile Action Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 401 N Carroll Ave Suite 425 Date Hand-delivered or Date Postmarked Change of Address Southlake, TX 76092 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steve NAME NICKNAME LAST **SUFFIX** Martin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 N Carroll Ave Suite 425 STREET **ADDRESS** (Residence or Business) Southlake, TX 76092 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (301) 654-3220 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** 10/27/2024 12/31/2024 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)
Patriot Mobile Action			00086595	
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		
		в. Орросси		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check 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	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	26,099.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	77,036.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	56,577.96
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 pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Stev	ve Martin	
		Signature of Car	mpaign Treası	ırer
AFFIX NOTARY S	STAMP / SEAL ABOVE			
		, th	nis the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer adn	ninistering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 16	
17 COMMITT Patriot M	(Ethics Com	mission Filers)			
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	100.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	25,999.11	
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	\$	77,036.70	
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 Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/16	
2	FILER NAME Patriot Mobil			3	Filer ID (Ethics Commission 00086595	Filers)
4	Date 10/29/2024 5 Full name of contributor out-of-state PAC (ID#:) FRENCH, TERESA 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00	
_		IDYLLWILD, CA 92549				
8	retired	ipation / Job title (See Instructions)	9 Employer (See Instructions) retired)		
Date Full name of contributor out-of-state PAC (ID#:) 11/29/2024 FRENCH, TERESA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Dringinal occu	IDYLLWILD, CA 92549	Employer (See Instructions			
	Principal occupation / Job title (See Instructions) retired Employer (See Instruction retired					
	Date Full name of contributor out-of-state PAC (ID#:) 12/29/2024 FRENCH, TERESA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
		IDYLLWILD, CA 92549				
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_Lyons, Benjamin Contributor address; City; State; Zip Code Vinton, LA 70668			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:_Lyons, Benjamin Contributor address; City; State; Zip Code Vinton, LA 70668			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/16		
2	FILER NAME Patriot Mobil	e Action			3	Filer ID (Ethics Commission 00086595	ı Filers)
4	Date 12/29/2024 5 Full name of contributor out-of-state PAC (ID#:) Lyons, Benjamin 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00		
8	Principal occu Retired	Vinton, LA 70668 pation / Job title (See Instructions	9	9 Employer (See Instructions Retired	 s)		
	Date 10/29/2024	Full name of contributor PARKER, GREGG Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Santee, CA 92071 Principal occupation / Job title (See Instructions) Site Support Analyst Employer (See Instruction Sharp Healthcare		<u> </u> s)				
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:) PARKER, GREGG Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		Santee, CA 92071	,		Ĺ		
	Site Support	pation / Job title (See Instructions Analyst	5)	Employer (See Instructions Sharp Healthcare	5)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00		
	Principal occu Site Support	Santee, CA 92071 pation / Job title (See Instructions Analyst	(5)	Employer (See Instructions Sharp Healthcare	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) Todd, Deborah Contributor address; City; State; Zip Code Baton Rouge, LA 70809			Amount of Contribution (\$)	\$25.00		
	Principal occu Advertising	pation / Job title (See Instructions	5)	Employer (See Instructions The Deborah Todd Age		1	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/16		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Patriot Mobi	ile Action		00086595		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
10/31/2024	Patriot Mobile LLC		contribution (\$) description \$8,666.37 Administrative Costs		
	7 Contributor address; City; State; Zip Code				
			į į		
	Grapevine, TX 76051		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, .		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution		
11/30/2024	Patriot Mobile LLC		contribution (\$) description \$8,666.37 Administrative Costs		
	Contributor address; City; State; Zip Code		t i		
			į į		
	Grapevine, TX 76051		l 🗖 i		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)		
i ilicipai occi	apadion 7 dob dide (1 dix 14dix dobion/le) (eee memers)	Employer (Foretvore	(0001011/12)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
			•		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution		
12/31/2024	Patriot Mobile LLC		contribution (\$) description \$8,666.37 Administrative Costs		
	Contributor address; City; State; Zip Code		l I		
			i		
	Grapevine, TX 76051		_		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)		
Principal occi	apation / Job title (FOR NON-JODICIAL) (See instructions)	Employer (FOR NON	1-JODICIAL) (See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Continuation 3 principal occupation (i Ort 30DIOIAL)					
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	. , , , , , , , , , , , , , , , , , , ,				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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

Dursement Solicitation/Fundraising Expense
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 cor	nplete this form.
, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 7/16	Patriot Mobile Action	00086595
4 Date	5 Payee name	
10/29/2024	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$6.90	5555 Hilton Ave	
Expenditure from	Suite 106	
corporate funds	Baton Rouge, LA 70808	/b) p
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 665	Check if Austin, TX, officeholder living expense
		E-Merchant Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	aht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		This office field
Date	Payee name	
10/29/2024	Anedot	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1.00	5555 Hilton Ave	
	Suite 106	
Expenditure from corporate funds	Baton Rouge, LA 70808	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense E-Merchant Fee
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
10/29/2024	Anedot	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$1.13	5555 Hilton Ave	
Expenditure from	Suite 106	
corporate funds	Baton Rouge, LA 70808	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
		E-Merchant Fee
Complete ONLY if direct	Candidate/Officeholder name Office souc	aht Office held
Complete ONLY if direct expenditure to benefit C/O		gric Office field

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	al 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: 2/10 Rpt: 8/16	Patriot Mobile Action 00086595	
4 Date	5 Payee name	
10/29/2024	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.13	5555 Hilton Ave	
	Suite 106	
Expenditure from corporate funds	Baton Rouge, LA 70808	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense E-Merchant Fee	
	L Wordhalt Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	H	
Date	Payee name	=
10/31/2024	Anedot	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.73	5555 Hilton Ave	
	Suite 106	
Expenditure from corporate funds	Baton Rouge, LA 70808	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense E-Merchant Fee	
	E-Welchant Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	=
10/31/2024	Anedot	
Amount (\$)	Payee address; City; State; Zip Code	_
\$0.13	5555 Hilton Ave	
	Suite 106	
Expenditure from corporate funds	Baton Rouge, LA 70808	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LXI ENDITORE	Check if Austin, TX, officeholder living expense	
	E-Merchant Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

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 the	is form.
1 Total pages Schedule F1: Sch: 3/10 Rpt: 9/16	2 FILER NAME Patriot Mobile Action	3 Filer ID (Ethics Commission Filers) 00086595
4 Date 12/03/2024	5 Payee name Anedot	
6 Amount (\$) \$1.73 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	🗀 0	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fee
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
Date 12/03/2024	Payee name Anedot	
Amount (\$) \$0.13 Expenditure from corporate funds PURPOSE OF EXPENDITURE	🗖 :	ccription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date 10/29/2024	Payee name Axiom Strategies	
Amount (\$) \$48,339.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 800 W 47th St Ste 200 Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	Advertising Expense	ccription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	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 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: 4/10 Rpt: 10/16	Patriot Mobile Action	00086595
4 Date	5 Payee name	
10/29/2024	CFS Compliance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,775.00	PO Box 30844	
Expenditure from corporate funds	Bethesda, MD 20824	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	L	Check if Austin, TX, officeholder living expense Compliance Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
11/29/2024	CFS Compliance	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,775.00	PO Box 30844	
Expenditure from		
corporate funds	Bethesda, MD 20824	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
12/16/2024	CFS Compliance	
Amount (\$)	Payee address; City; State; Zip Code	
\$87.33	PO Box 30844	
Expenditure from		
corporate funds	Bethesda, MD 20824	
PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Chack if travel outside of Toyac Complete Schoolule T
EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	7	

SCHEDULE F1

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)

EXPENDITURE CATEGORIES FOR BOX 8(a)

Credit Card Payment	The Instruction Guide explains how to co	omplete thi	s form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 5/10 Rpt: 11/16	Patriot Mobile Action		00086595	
4 Date	5 Payee name		I	
12/30/2024	CFS Compliance			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1,775.00	PO Box 30844			
Expenditure from corporate funds	Bethesda, MD 20824			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription	
OF EXPENDITURE	Consulting Expense		check if travel outside of Texas. Comp	
LA LINDITORIL		. —	check if Austin, TX, officeholder living npliance Consulting	expense
		011	inpliance Consulting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht	Office he	ld
expenditure to benefit C/O		ag	O00 110	
Date	Payee name			
12/11/2024	Mail and Copy Shoppe			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$246.81	401 N Carroll Ave			
,				
Expenditure from corporate funds	Southlake, TX 76092			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	•	
EXPENDITURE	Mailbox Renewal		Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living	
			lbox Renewal	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office he	ld
expenditure to benefit C/O	4			
Date	Payee name			
12/11/2024	PEX			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$4.00	462 7th Avenue			
Expenditure from	21st Floor			
corporate funds	New York, NY 10018			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription	
OF EXPENDITURE	Fees		Check if travel outside of Texas. Comp	
			check if Austin, TX, officeholder living d Fee	expense
			u i 00	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office he	ld
expenditure to benefit C/O		3		

SCHEDULE F1

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 6/10 Rpt: 12/16	Patriot Mobile Action 00086595
4 Date	5 Payee name
11/13/2024	PEX
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.00	462 7th Avenue
	21st Floor
Expenditure from corporate funds	New York, NY 10018
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Card Fee
	Suiditee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
10/31/2024	Remington Research Group
Amount (\$)	Payee address; City; State; Zip Code
\$4,655.60	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 schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	GOTV Text Messages
	COTV TEXT MESSAGES
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/31/2024	Remington Research Group
Amount (\$)	Payee address; City; State; Zip Code
\$4,655.60	800 W 47th St
+ .,555100	Ste 200
Expenditure from	
corporate funds	Kansas City, MO 64112
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	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	GOTV Text Messages
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) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Ma Candidate/Officeholder/Po		ommittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)		
1 Total pages Schedule F	=1: 2	FILER NAME	=					3	Filer ID	(Ethics Commission Filers)		
Sch: 7/10 Rpt: 13/1	.6	Patriot Mob	ile Action						00086595			
4 Date	5	Payee name										
10/31/2024		Remington	Research Group									
6 Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de						
\$4,655.0	60	800 W 47th	St									
		Ste 200										
Expenditure from corporate funds		Kansas Cit	y, MO 64112									
8 PURPOSE	(a	Category (S	ee Categories listed at the	top of this sche	dule)	(b)	Description					
OF EXPENDITURE		Advertising Expense						f travel outside of Texas. Complete Schedule T.				
							—		officeholder living	expense		
							GOTV Text M	ies	sayes			
9 Complete ONLY if direct		Candidata/O#	iceholder name		ffice sou	abt			Office he	ald.		
Complete ONLY if direct expenditure to benefit (Canuldate/OII	icentituei fidifie		e 50u	giil			Office He	au .		
Date		Payee name										
10/31/2024		Remington	Research Group									
Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de						
\$4,655.0	60	800 W 47th	St									
		Ste 200										
Expenditure from corporate funds		Kansas Cit	y, MO 64112									
PURPOSE	la					(h)	Description				_	
OF	("		ee Categories listed at the	top of this sche	edule)	(2)		outsio	de of Texas. Com	olete Schedule T.		
EXPENDITURE		Navertising Expense					—	Austin, TX, officeholder living expense				
							GOTV Text M	1es	sages			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
Date		Dayoe nama									_	
11/25/2024		Payee name Shutterstoo										
	\perp			6	7:- 0	-1 -						
Amount (\$)	_	Payee addre	•	State;	Zip Co	ae						
\$31.3	39	350 Fifth A	ve									
Expenditure from		21st Floor										
corporate funds		New York,	NY 10004									
PURPOSE OF	(a) Category (S	ee Categories listed at the	top of this sche	edule)	(b)	Description					
EXPENDITURE		Fees					_		de of Texas. Com officeholder living			
							Software Fee		onicendiaer living	елрепъе		
							231111410100					
Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder name	0	ffice sou	ght			Office he	eld	_	
expenditure to benefit (-						
											_	

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: 8/10 Rpt: 14/16	Patriot Mobile Action 00086595							
4 Date	5 Payee name							
12/25/2024	Shutterstock							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$31.39	350 Fifth Ave							
	21st Floor							
Expenditure from corporate funds	New York, NY 10004							
8 PURPOSE	(b) December 1							
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE	Check if Austin, TX, officeholder living expense							
	Software Fee							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	1							
Date	Payee name							
11/15/2024	The Gober Group							
Amount (\$)	Payee address; City; State; Zip Code							
\$125.00	PO Box 341016							
Expenditure from corporate funds	Austin, TX 78734							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Legal Services							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI								
Date	Payee name							
12/11/2024	The Gober Group							
Amount (\$)	Payee address; City; State; Zip Code							
\$268.00	PO Box 341016							
Ψ200.00	1 0 50% 0-1010							
Expenditure from corporate funds	Austin, TX 78734							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.							
	Check if Austin, TX, officeholder living expense							
	Legal Services							
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	I 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: 9/10 Rpt: 15/16	Patriot Mobile Action 00086595							
4 Date	5 Payee name							
12/11/2024	The Gober Group							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$214.50	PO Box 341016							
Expenditure from corporate funds	Austin, TX 78734							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Legal Services							
	Legal Services							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI								
Date	Payee name							
12/11/2024	The Gober Group							
Amount (\$)	Payee address; City; State; Zip Code							
\$125.00	PO Box 341016							
Expenditure from corporate funds	Austin, TX 78734							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.							
	Check if Austin, TX, officeholder living expense							
	Legal Services							
Commission ONII V if dispose	Condidate/Officeholder name Office sought Office hold							
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
Date	Payee name							
10/29/2024	The Political Firm							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,800.00	5555 Hilton Ave							
— Constantitude forms	Suite 203							
Expenditure from corporate funds	Baton Rouge, LA 70808							
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							
	GOTV Video							
Operated Children								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
5								

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 Salaring Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Coi	nmittee Le	ift/Awards/Memorials egal Services he Instruction Gu					Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	\neg
	Sch: 10/10 Rpt: 16/16		Patriot Mobile	Action					00086595	,	
┝	Date	5	Payee name					<u> </u>			\dashv
"	10/29/2024		The Political I	=irm							
L											\dashv
6	Amount (\$)	7	Payee address		State;	Zip Co	ode				
	\$1,800.00		5555 Hilton A	ve							
<u> </u>	Expenditure from		Suite 203								
┞	corporate funds		Baton Rouge	, LA 70808							
8	PURPOSE	(a)	Category (See	Categories listed at t	ne top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Advertising E						ide of Texas. Com		
									, officeholder living	expense	
							GOTV Video)			
Ļ	0 1. 5						1.				_
9	Complete ONLY if direct expenditure to benefit C/OH	- (-	Candidate/Office	nolder name	С	Office sou	gnt		Office he	eia	
⊢											\dashv
l											