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) 00066799 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Patriots State PAC Date Received **ELECTRONICALLY FILED** 01/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. BOX 130184 Date Hand-delivered or Date Postmarked Change of Address The Woodlands, TX 77393 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Nancy NAME NICKNAME LAST **SUFFIX** Sievert STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2 South Floral Leaf Circle STREET **ADDRESS** (Residence or Business) The Woodlands, TX 77381 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2 South Floral Leaf Circle MAILING **ADDRESS** The Woodlands, TX 77381 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 206-0913 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)		
Texas Patriots State PA	Texas Patriots State PAC					
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Nicole May Conroe ISD Boar	d of Trustees			
(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 M	O 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)	\$	600.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	6,427.61		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	F DAY \$	10,996.76		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT			I			
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.				
		Nanc	y Sievert			
		Signature of Ca	ampaign Treas	urer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said		this the	day		
		which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 12

12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Patriots State F	PAC			00066799
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lindsay Dawson Conroe ISD Boa	ard of Trustees
(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.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Melissa Semmler Conroe ISD Bo	oard of Trustees
(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.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Marianne Horton Conroe ISD Bo	ard of Trustees
(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			

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					4 of 12	
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Comn	nission Filers)	
l		riots State PAC	00066799	(======================================	,	
		E SUBTOTALS	00000100	1		
l		SCHEDULE		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	600.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)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	\$	6,286.61	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	141.00	
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 Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/12			
2	FILER NAME Texas Patrio	ts State PAC			3	Filer ID (Ethics Commission 00066799	ı Filers)		
4	Date 11/11/2024			Amount of Contribution (\$)	\$50.00				
_	Dringing Loon	The Woodlands, TX 77381	<u> </u>	Employer (Coa Instructions	<u></u>				
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	»)				
	Date 12/11/2024					Amount of Contribution (\$)	\$50.00		
	The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u> s)				
retired			retired	,					
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00			
		Lenoir, NC 28645							
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	5)				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00			
	Principal occu Consultant	Lenoir, NC 28645 pation / Job title (See Instructions)		Employer (See Instructions Self	<u>l</u> s)				
	Date Full name of contributor out-of-state PAC (ID#:) 11/13/2024 Cox, Randall Contributor address; City; State; Zip Code Green Valley, AZ 85614			Amount of Contribution (\$)	\$20.00				
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 6/12			
2	FILER NAME Texas Patrio	ts State PAC			3 Filer ID (Ethics Commission Filers 00066799				
4	Date 11/06/2024	/06/2024 Lawrence, Steven 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00				
8	Principal occur	The Woodlands, TX 77381 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 				
Ü	retired	padon, oob tile (ooc manadaons)		retired	,,				
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Lawrence, Steven Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00		
		The Woodlands, TX 77381		-	<u></u>				
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 McKnight, Allen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00				
		Conroe, TX 77384							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Sundyne LLC	5)				
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Metzer, Gary Contributor address; City; State; Zip Code The Woodlands, TX 77381				Amount of Contribution (\$)	\$20.00		
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Progressive Global Ene		,			
	Date Full name of contributor out-of-state PAC (ID#:) 12/15/2024 Metzer, Gary Contributor address; City; State; Zip Code The Woodlands, TX 77381				Amount of Contribution (\$)	\$20.00			
		pation / Job title (See Instructions)		Employer (See Instructions		,			
	Engineer			Progressive Global Ene	- yy				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 7/12	
2	FILER NAME Texas Patrio	ots State PAC		3	Filer ID (Ethics Commission 00066799	ı Filers)
4	Date 11/01/2024	–			Amount of Contribution (\$)	\$100.00
_	Daine in all a con-	The Woodlands, TX 77381				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/01/2024 O'Sullivan, William Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions Retired					
	Date Full name of contributor out-of-state PAC (ID#:) 11/13/2024 Sievert, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		The Woodlands, TX 77381		_		
	Executive A	pation / Job title (See Instructions) dministrator	Employer (See Instructions The Woodlands Christia		Academy	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Sievert, Nancy Contributor address; City; State; Zip Code The Woodlands, TX 77381			Amount of Contribution (\$)	\$25.00
	Principal occu	ipation / Job title (See Instructions) dministrator	Employer (See Instructions The Woodlands Christia		Academy	

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 1/3 Rpt: 8/12	Texas Patriots State PAC 00066799
4 Date	5 Payee name
11/03/2024	CAZ Consulting, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,126.70	5049 Edwards Ranch Road
Expenditure from corporate funds	Fort Worth, TX 76126
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
	text messages in support of Conroe ISD board of
	trustees candidates May, Dawson, Semmler, Horton
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	· · · · · · · · · · · · · · · · · · ·
Date	Payee name (see previous)
Δ	
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Data	· ,
Date	Payee name (coo provious)
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	Como los sociales actividades

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 2/3 Rpt: 9/12	Texas Patriots State PAC		00066799				
4 Date	5 Payee name		•				
	(see previous)						
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode					
- Evpanditura from							
Expenditure from corporate funds							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE		ı –	l outside of Texas. Com				
		Check if Austir	n, TX, officeholder living	g expense			
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office h	old			
expenditure to benefit C/OI		SD board of trust		eiu			
Data							
Date 10/29/2024	Payee name Capital One						
		- d -					
Amount (\$)	Payee address; City; State; Zip Co	oae					
\$47.00	P.O. Box 60519						
Expenditure from corporate funds	City of Industry, CA 91716-0519						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Credit Card Payment		l outside of Texas. Com				
			n, TX, officeholder living and email softwa				
			ara orran oorra				
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> .ight	Office h	eld			
expenditure to benefit C/OI		3					
Date	Payee name						
11/26/2024	Capital One						
Amount (\$)	Payee address; City; State; Zip Co	nde					
\$47.00	P.O. Box 60519	540					
¥65	. 1.0.1 2.5.7.00020						
Expenditure from corporate funds	City of Industry, CA 91716-0519						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
EXPENDITURE	Credit Card Payment		l outside of Texas. Com n, TX, officeholder living				
			and email softwa				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office h	eld			
expenditure to benefit C/OI							

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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	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: 3/3 Rpt: 10/12	Texas Patriots State PAC 00066799
4 Date	5 Payee name
12/23/2024	Capital One
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$47.00	P.O. Box 60519
Expenditure from corporate funds	City of Industry, CA 91716-0519
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	accounting and email software fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/15/2024	Moonclerk
Amount (\$)	Payee address; City; State; Zip Code
\$18.91	1040 W. Washington St.
Expenditure from corporate funds	Greenville, SC 29601
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
	accounting software service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 1/2 Rpt: 11/12	Texas Patriots Stat	e PAC	00066799						
4 CREDIT CARD ISSUER		ncial institution al One	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
Expenditure from corporate funds	\$29.00	10/29/2024							
7 PAYEE	(a) Payee name Aweber		(b) Payee 1100 Ma	nor Dr.	City,	State,	Zip Code		
	() 0 :			PA 18914					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top email software	of this schedule)	(b) Descrip email sof						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
Expenditure from corporate funds	\$18.00	12/23/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Moonclerk		1040 W.	Washington St.					
			Greenvill	e, SC 29601					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top accounting software	of this schedule)	(b) Descrip	otion ng software					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
Expenditure from corporate funds	\$29.00	11/26/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Awahar		1100 Ma	nor Dr.					
	Aweber								
				PA 18914					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
l <u> </u>	email software	,	email sof	ıwai C					
X Political				_					
Non-Political	(7)	of Texas. Complete Schedule T.	a courabt	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
experiorare to periorit C/OH	ı								

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

		The Inst	ruction Guide explains how	to complete	this form.				
1	1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
	Sch: 2/2 Rpt: 12/12	Texas Patriots Stat	e PAC			00066799			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	Expenditure from corporate funds	\$18.00	10/29/2024						
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
		Moonclerk			Washington St.				
					e, SC 29601				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	accounting software	or the sorround,	accountii	ng software				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH		-						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	Expenditure from corporate funds	\$18.00	11/26/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Moonclerk		1040 W.	Washington St.				
				Greenvill	e, SC 29601				
	PURPOSE OF	(a) Category		(b) Descrip					
	X Political	(See Categories listed at the top accounting software	of this schedule)	accountii	ng software				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l	Check if Austin, TX,	officeholder living exp	oense		
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	Expenditure from corporate funds	\$29.00	12/23/2024						
	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code	
l		A		1100 Ma	nor Dr.				
		Aweber							
L				Chalfont,	PA 18914				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	_	email software	c. and someduic)	email sof	tware				
1	X Political								
	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
ı									