#### 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) 00067035 3 COMMITTEE NAME **OFFICE USE ONLY** Texans for Health Freedom Date Received **ELECTRONICALLY FILED** 01/13/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3164 Harrell Rd Date Hand-delivered or Date Postmarked Change of Address Howe, TX 75459 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Brian NAME NICKNAME LAST **SUFFIX** Roberts STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3164 Harrell Road STREET **ADDRESS** (Residence or Business) Howe, TX 75459 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3164 Harrell Road MAILING **ADDRESS** Howe, TX 75459 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 683-2004 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 General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission File	ers)
Texans for Health Freed	dom			00067035		
4 COMMITTEE	1. Candidates	A. Supported	l			
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.)					
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUT OR GUARANTEES OF LO ADE ELECTRONICALLY) qualifies for the higher itemiza	DANS, OR	\$		0.00
	2. TOTAL POLITICA (OTHER THAN PLE	<b>L CONTRIBUTIONS</b> DGES, LOANS, OR GUAF	RANTEES OF LOANS)	\$		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$		0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$		0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY \$		0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$		0.00
6 AFFIDAVIT	l			l		
		true and cor	affirm, under penalty of pe rect and includes all infor 15, Election Code.			
		Mr. Brian Roberts Signature of Campaign Treasurer			_	
			Signature of Car	mpaigii iteasur	CI	
AFFIX NOTARY	STAMP / SEAL ABOVE					
				nis the	day	
of	_, 20, to certify \	vhich, witness my hand an	d seal of office.			
Signature of officer ad	ministering oath	Printed name of officer ad	ministering oath	Title of office	er administering oath	_

### **SUBTOTALS - GPAC**

### FORM GPAC **COVER SHEET PG 3**

				3 of 4
17 COMMITT	EE NAME	18 Filer ID	(Ethics Con	nmission Filers)
Texans fo	or Health Freedom	00067035		
	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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 (	DRGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

PLEI	DGED CONTRIBU	TIONS			SCHEDULE	В
The Instruction Guide explains how to complete this form.				1	Total pages Schedule B: Sch: 1/1 Rpt: 4/4	
2 FILER NAME Texans for Health Freedom			3			
4	OF UNITEMIZED PLEDO				\$	0.00
5 Date	6 Full name of pledgor		N.I.	) 8		
<b>5</b> Date	• Full flame of pleugor	out-of-state PAC (IE	)#:	_)	pledge (\$) (If applicable)	
	7 Pledgor Address;	City; State; Zip Coo	de			
				[	Check if travel outside of Texas. Complete Sch	nedule T
10 Principal	l occupation / Job title (See Instru	uctions)	11 Employer (See In	structi	ons)	