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) 00088727 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Defense PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1512 Huckleberry Lane Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78749 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Spencer NAME NICKNAME LAST **SUFFIX** Davis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1512 Huckleberry Lane STREET **ADDRESS** (Residence or Business) Austin, TX 78749 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1512 Huckleberry Lane MAILING **ADDRESS** Austin, TX 78749 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 788-1605 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 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 Defense PAC			00088727	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Marc Andrew I	Lahood State	Representative
(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		
		в. Оррозеи		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	64.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	371,059.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,039,375.39
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all infor under Title 15, Election Code.		
		Spend	cer Davis	
		Signature of Ca	ampaign Treasu	rer
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of offic	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 11

					Fage 3 01 11
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Defense PAC				00088727
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Angle C. Button	State Representative
	(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.)			
	COMMITTEE	1. Candidates	A. Supported	The Honorable Janie Lopez Sta	te Representative
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		The Honorable dame Lopez Gu	ic representative
	(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.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Morgan D. Meye	r State Representative
	(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		
		Officeholders Assisted (Identify by name or, if)			
		applicable, classify by party.)			

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	Candidates						42 Files ID	Page 4	of 11
Texas Defense PAC 4 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)							10 Files ID	(Ethio 0	
4 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)							13 Filer ID	(Ethics Commission	Filers)
(Attach lists on plain paper to complete this report if necessary.)							00088727	,	
report if necessary.)	dentify by name or, if pplicable, classify by party.)	A. Supported	The Ho	onorable	Lacey M.	Hull St	ate Represen	tative	
3		B. Opposed							
	2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported							
		B. Opposed							
	. Officeholders Assisted								
(ld	dentify by name or, if pplicable, classify by party.)								

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			5 of 11			
17 COMMIT Texas [TEE NAME Defense PAC	18 Filer ID 00088727	(Ethics Commission Filers)			
l	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2.	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 CONTRIBUTIONS	S	\$ 371,059.56			
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 I TO FILER	RETURNED	\$			
l						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 6/11	Texas Defense PAC 00088727
4 Date	5 Payee name
10/28/2024	Atchley & Associates LLP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$587.50	1005 La Posada Dr
Expenditure from corporate funds	Austin, TX 78752
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PAC accounting and reporting services
	1 7/6 decodining and reporting services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name Atabley & Acceptates LLD
12/13/2024	Atchley & Associates LLP
Amount (\$)	Payee address; City; State; Zip Code
\$1,852.50	1005 La Posada Dr
Expenditure from	
corporate funds	Austin, TX 78752
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PAC accounting and reporting services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
11/07/2024	Beacon Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$31,652.47	PO Box 1696
Evpanditure from	
Expenditure from corporate funds	Liberty Hill, TX 78642
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	In kind: campaign canvassing services
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiente to benefit 6/01	<u>'</u>

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	mple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 7/11	Texas Defense PAC		00088727
4 Date	5 Payee name		-
11/07/2024	Beacon Strategies LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$14,100.00	PO Box 1696		
Expenditure from corporate funds	Liberty Hill, TX 78642		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Website hosting services
			3
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l laht	Office held
expenditure to benefit C/O		9	
Date	Payes name		
12/13/2024	Payee name Beacon Strategies LLC		
	_		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$5,023.78	PO Box 1696		
Expenditure from corporate funds	Liberty Hill, TX 78642		
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 In kind: campaign canvassing services
			in kind. campaign canvassing services
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıght	Office held
expenditure to benefit C/O	1		
Date	Payee name		
10/30/2024	CampaignHQ		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2,237.25	PO Box 257		
. , -			
Expenditure from corporate funds	Brooklyn, IA 52211		
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.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
			In kind: campaign live calls
Commission Chill Mile aller	Condidate/Officeholder no		Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held

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
OTHER (enter a category not listed above)

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: 3/6 Rpt: 8/11	Texas Defense PAC 00088727
4 Date	5 Payee name
10/30/2024	CampaignHQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,999.50	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
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 In kind: campaign live calls
	in kind. campaign iive cais
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/05/2024	Echo Canyon Consulting, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$173,160.25	3700 Duke St
Expenditure from corporate funds	Alexandria, VA 22304
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
	In kind: campaign canvassing services
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
11/07/2024	Echo Canyon Consulting, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$37,856.20	3700 Duke St
Expenditure from corporate funds	Alexandria, VA 22304
PURPOSE	1
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
	In kind: campaign canvassing services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-1

SCHEDULE F1

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

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

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: 4/6 Rpt: 9/11	Texas Defense PAC 00088727
4 Date	5 Payee name
11/15/2024	Echo Canyon Consulting, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33,491.85	3700 Duke St
Expenditure from corporate funds	Alexandria, VA 22304
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 In kind: campaign canvassing services
	in kind. campaign canvassing services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	<u> </u>
Date	Payee name
10/28/2024	FP1 Strategies, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,785.00	3001 Washington Blvd, 7th Fl
Expenditure from	
corporate funds	Arlington, VA 22201
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
	In kind: campaign radio ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
11/01/2024	Murphy Nasica
Amount (\$)	Payee address; City; State; Zip Code
\$9,152.26	PO Box 1650
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	In kind: campaign mailers
_	
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 C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 10/11	Texas Defense PAC 00088727
4 Date	5 Payee name
10/28/2024	PT Strategy LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12,914.00	1223 Aldebaran Dr
Expenditure from corporate funds	McLean, VA 22101
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 In kind: campaign mailers
	in kind. campaign mailers
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/28/2024	PT Strategy LLC
Amount (\$)	Payee address; City; State; Zip Code
\$12,988.00	1223 Aldebaran Dr
Expenditure from corporate funds	McLean, VA 22101
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
	In kind: campaign mailers
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/28/2024	PT Strategy LLC
Amount (\$)	Payee address; City; State; Zip Code
\$13,528.00	1223 Aldebaran Dr
Expenditure from corporate funds	McLean, VA 22101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	In kind: campaign mailers
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	A .

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	al Committee Legal Services	morials Expense Printing E	xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 11/11	Texas Defense PAC		00088727
4	Date	5 Payee name		
	10/28/2024	PT Strategy LLC		
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode
	\$15,667.00	1223 Aldebaran Dr		
	Expenditure from corporate funds	McLean, VA 22101		
8	PURPOSE	(a) Category (See Categories lis	ted 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 In kind: campaign mailers
				in kind. campaign mailers
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder nar H	me Office sou	ight Office held
L				