CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

| | ics Commission Filers) 2 | Total pages filed: | | | OFFICE U | SE ONLY |
|--|--|--------------------|--|--|--|-----------------------|
| 00085328 | | 137 | | | Date Received | |
| 3 COMMITTEE Texans for Opportunity & Prosperity PAC NAME | | | | | ELECTRONICA 01/15/2025 | LLY FILED |
| 4 TREASURER NAME | Brown, Maria Garza | | | | | |
| | | | | | Date Hand-delivered or | Date Postmarked |
| 5 ORIGINAL REPORT TYPE | January 15 | Rur | | | Dessint # | Amount |
| | X July 15 | | n day after campaign treasurer | resignation | Receipt # | Amount |
| | 30th day before election | | solution report | | Date Processed | |
| | 8th day before election | | er (specify) | | | |
| 6 ORIGINAL PERIOD COVERED | Month Day Year | TUDOUOU | , | ear | Date Imaged | |
| | 02/25/2024 | THROUGH | 06/30/2024 | | | |
| 7 EXPLANATION OF C | CORRECTION mely filed and reflected every | | | | | |
| | | | | | | |
| 8 AFFIDAVIT | | l sv | vear, or affirm, under penal | ty of perjury, | , that this corrected | report is true |
| | | | l correct. | l ell englisch | | |
| | | Chi | eck the box next to any and | а ан аррисар | ne statements: | |
| | | X | Semiannual reports: was made in good faith a misrepresent the informa | and without a | an intent to mislead | |
| | | X | Other reports: I swear report not later than the that the report as original swear, or affirm, that any filed was made in good f | 14th busines Illy filed is ina / error or om | ss day after the date accurate or incompl | e I learned ete. I |
| | | | Ma | aria Garza I | Brown | |
| | | | - | | gn Treasurer | |
| AFFIX NOTARY ST | AMP / SEAL ABOVE | | olghadar | o or ouripul | gri ricacarci | |
| Sworn to and subsc | ribed before me, by the said | | | , this th | ie | day |
| | , 20, to certif | | | | | |
| Signature of offic | er administering oath | Printed name of c | officer administering oath | Т | itle of officer admin | istering oath |
| | | | f The Campaign Fina And Explain Correcti | | ort Form | |

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

| Th | e GPAC Instruction | Guide explains how to complete this form. | 1 | Filer ID (Ethics Commission File 00085328 | ers) | 2 Total pages filed: 137 | |
|----|-------------------------|---|-------|---|---------------|--|-------------------|
| 3 | COMMITTEE NAME | | | | | OFFICE U | SE ONLY |
| | Texans for Opport | unity & Prosperity PAC | | | | Date Received ELECTRONICA 01/15/2025 | |
| 4 | COMMITTEE | ADDRESS / PO BOX; APT / SUITE #; CI | TY; | STATE; | ZIP CODE | | |
| | ADDRESS | 1108 Lavaca, Suite 110-265 | | | | Date Hand-delivered or | Date Postmarked |
| | Change of Address | | | | | | |
| | | Austin, TX 78701 | | | | Receipt # | Amount |
| | | | | | | Data Daaraa | |
| | | | | | | Date Processed | |
| | | | | | | Date Imaged | |
| | | | | | | | |
| 5 | CAMPAIGN TREASURER | MS / MRS / MR FIRST | | | | MI | |
| | NAME | Maria Garza | | | | | |
| | | NICKNAME LAST | | | | SUFFIX | |
| | | Brown | | | | | |
| | | | | | | | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUI | ITE #; CITY; | STA | TE; ZIP CODE |
| | TREASURER STREET | 200 University Blvd., Suite 225-278 | | | | | |
| | ADDRESS | | | | | | |
| | (Residence or Business) | Round Rock, TX 78665 | | | | | |
| 7 | CAMPAIGN TREASURER | STREET OR PO BOX; | | APT / SI | JITE #; CITY; | ST/ | ATE; ZIP CODE |
| | MAILING ADDRESS | 200 University Blvd., Suite 225-278 | | | | | |
| | | Round Rock, TX 78665 | | | | | |
| | Change of Address | | | | | | |
| 8 | CAMPAIGN TREASURER | | EX | FENSION | | | |
| | PHONE | (512) 825-9607 | | | | | |
| 9 | REPORT | January 15 | 0th (| lay before election | | Dissolution (Attack | PAC-DR) |
| | TYPE | | | ay before election | | - · | |
| | | X July 15 | | - | L | 10th day after carr termination | ipaign treasurer |
| | | | uno | Ť | | | |
| 10 | PERIOD COVERED | Month Day Year | | | Month Day | Year | |
| | COVERED | 02/25/2024 Т | HR | DUGH | 06/30/2024 | 1 | |
| 11 | ELECTION | ELECTION DATE | | FIF | ECTION TYPE | | |
| | | | Prim | | Runoff | Other | |
| | | 11/05/2024 | Gen | eral | Special | | |
| | | | | | I | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | |
| | | GO | то | PAGE 2 | | | |
| Fo | rms provided by Tex | xas Ethics Commission www.e | thic | s.state.tx.us | | Versio | n V4.1.0.5dd2ace2 |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | | 13 File | er ID | (Ethics Commission Filers) |
|---|--|------------------|---|--------------------|-------------|----------------------------|
| Texans for Opportunity | & Prosperity PAC | | | 000 | 85328 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates | A. Supported | Roberta Hodges Mon | tgomery Count | y Pct Cl | nair, Pct 24 |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | | |
| (Attach lists on plain paper to complete this | | B. Opposed | | | | |
| report if necessary.) | | | | | | |
| | | | | | | |
| | 2. Measures (Describe by date and location | A. Supported | | | | |
| | of election and nature of issue.) | | | | | |
| | | B. Opposed | | | | |
| | | | | | | |
| | | | | | | |
| | 3. Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
| 15 CONTRIBUTION | | | ONTRIBUTIONS (OTHER | ТЦАМ | 1 | |
| TOTALS | PLEDGES, LOANS, | OR GUARANTE | EES OF LOANS, ÒR | | \$ | 0.00 |
| | CONTRIBUTIONS M | | DNICALLY) gher itemization threshold | | | 0.00 |
| | 2. TOTAL POLITICA | | | | \$ | 20,000,00 |
| L | (OTHER THAN PLE | DGES, LOANS, | OR GUARANTEES OF L | OANS) | Ť | 20,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EX | PENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITICA | | JRES | | \$ | 10,115,10 |
| | | | | | | 49,415.18 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL O | | IS MAINTAINED AS OF T | HE LAST DAY | \$ | 30,486.72 |
| | | 3 PERIOD | | | Ť | 50,460.72 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL | | L OUTSTANDING LOAN | S AS OF THE | \$ | 0.00 |
| | | | | | | 0.00 |
| 16 AFFIDAVIT | | | | | | |
| | | tr | swear, or affirm, under per ue and correct and include nder Title 15, Election Cod | es all information | | |
| | | u | | ic. | | |
| | | | | | | |
| | | | | Maria Garza Br | own | |
| | | | Signat | ture of Campaign | Treasur | er |
| | | | | | | |
| | STAMP / SEAL ABOVE | | | | | |
| Sworn to and subscribed | before me, by the said | | | , this the | | day |
| of | _, 20, to certify w | vhich, witness n | ny hand and seal of office. | | | |
| | | | | | | |
| | | | | | | |
| Signature of officer ad | ministering oath | Printed name o | f officer administering oath | ı Title | e of office | er administering oath |
| | | | juli in the second s | | | |
| Forms provided by Texas E | thics Commission | www.e | thics.state.tx.us | | | Version V4.1.0.5dd2ace2 |

FORM GPAC ADDENDUM

Page 4 of 137

| 12 COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
|---|---|--------------|------------------------------|---|
| Texans for Opportunity | & Prosperity PAC | | | 00085328 |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Suzanne Adams Montgomery C | ounty Pct Chair, Pct 31 |
| (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Stephanie Johnson Montgomery | / County Pct Chair, Pct 63 |
| (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Stacy Kellum Montgomery Cour | ty Pct Chair, Pct 102 |
| (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.) | | | |
| Forms provided by Texas E | Thics Commission | | v.ethics.state.tx.us | Version V4.1.0.5dd2ace2 |

FORM GPAC ADDENDUM

Page 5 of 137

| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--------------|-----------------|-----------------|------------------|----------------------------|
| Texans for Opportunity | | | | | 00085328 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Wendy Lynch | Montgomery Cou | nty Pct Chair, F | Pct 25 |
| (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Kenny Martin | Montgomery Cour | nty Pct Chair, F | rct 74 |
| (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mike Medved | Montgomery Cour | nty Pct Chair, F | 'ct 109 |
| (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.) | | | | | |
| Forms provided by Texas F | thics Commission | | ethics state tx | | | Version V4.1.0.5dd2ace2 |

FORM GPAC ADDENDUM

Page 6 of 137

| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--------------|------------------------------|------------------|----------------------------|
| Texans for Opportunity & Prosperity PAC | | | | 00085328 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Homer Otis Montgomery County | • Pct Chair, Pct | 111 |
| (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Charlie Parada Montgomery Co | unty Pct Chair, | Pct 105 |
| (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Barbara Ray Montgomery Coun | ty Pct Chair, Pc | xt 1 |
| (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.) | | | | |
| Forms provided by Texas F | thics Commission | | ethics state ty us | | Version V4 1 0 5dd2ace2 |

FORM GPAC

ADDENDUM

Page 7 of 137

| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--------------|-----------------------------|------------------|----------------------------|
| Texans for Opportunity | & Prosperity PAC | | | | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Tom Robinson Montgomery Col | unty Pct Chair, | Pct 17 |
| (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Mary Sandmann Montgomery C | county Pct Chai | r, Pct 66 |
| (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.) | | | | |
| | | | | | D + 07 |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Randy Thigpen Montgomery Co | ounty Pct Chair, | Pct 97 |
| (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.) | <u> </u> | | | |

FORM GPAC ADDENDUM

Page 8 of 137

| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--------------|-------------------|-----------------|-------------------|----------------------------|
| Texans for Opportunity | | | | | 00085328 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Judi Thomas N | Montgomery Cour | nty Pct Chair, P | ct 60 |
| (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Pat Truesdale | Montgomery Cou | ınty Pct Chair, I | Pct 69 |
| (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 | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Jeff Peltier Mo | ntgomery County | Pct Chair, Pct | 87 |
| (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.) | | | | | |
| Forms provided by Texas F | thics Commission | 1 | vethics.state.tx. | 10 | | Version V4.1.0.5dd2ace2 |

FORM GPAC ADDENDUM

| | | | | | | Page 9 of 137 |
|---|---|-------------|----------------|------------------|-------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Texans for Opportunity | & Prosperity PAC | | | | 00085328 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supporte | ed Bryan Chris | t County Party C | hair | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | t | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supporte | ed | | | |
| | | B. Opposed | d | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| | | | | | | |

FORM GPAC COVER SHEET PG 3 10 of 137

| 17 COMMITTI | EE NAME | 18 Filer ID | (Ethics Commission Filers) | | | | |
|-------------|--|--------------|----------------------------|--|--|--|--|
| Texans fo | r Opportunity & Prosperity PAC | 00085328 | | | | | |
| | IS SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | | |
| NAME OF | SCHEDULE | | | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 20,000.00 | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION | R | \$ | | | | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL | TION 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. | 9. SCHEDULE E: LOANS | | | | | | |
| 10. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | 6 | \$ 48,428.80 | | | | |
| 11. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 986.38 | | | | |
| 12. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | | | | |
| 13. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | |
| 14. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO | DNS | \$ | | | | |
| 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | | | | |
| | | | | | | | |

SUBTOTALS - GPAC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/137 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texans for Opportunity & Prosperity PAC 00085328 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 7 04/18/2024 \$20,000.00 Protect and Serve Texas PAC 6 Contributor address; City; State; Zip Code Austin, TX 78767 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp | Office Over Polling Exp Printing Exp Salaries/Wa | ment/Reimbursement nead/Rental Expense ense lense liges/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
|---|---|---|--|---|--|--|
| 1 Total pages Cabadula E1; | | | | 3 Filer ID (Ethics Commission Filers) | | |
| 1 Total pages Schedule F1: | | | | · · · · · · · · · · · · · · · · · · · | | |
| Sch: 1/109 Rpt: | Texans for Opportunity & Pros | sperity PAC | | 00085328 | | |
| 4 Date | 5 Payee name | | | | | |
| 03/11/2024 | Garcia Davidson, Donna | | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Coc | ٩ | | | |
| \$1,280.00 | P.O. Box 12131 | | | | | |
| \$1,280.00 | F.O. DOX 12131 | | | | | |
| Expenditure from | | | | | | |
| corporate funds | Austin, TX 78711 | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the to | on of this schedule) | b) Description | | | |
| OF | Legal Services | op of this schedule) | · | outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | | | Check if Austin | , TX, officeholder living expense | | |
| | | | Legal Consul | ting | | |
| | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office soug | ht | Office held | | |
| expenditure to benefit C/O | | Chiec Soug | | Onice neid | | |
| | | | | | | |
| Date | Payee name | | | | | |
| 02/29/2024 | KAP Print | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Coc | е | | | |
| \$3,520.18 | 220 Quinn Drive | · · | | | | |
| φ0,020.10 | | | | | | |
| X Expenditure from corporate funds | Dripping Springs, TX 78620 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the to | op of this schedule) | b) Description | | | |
| OF EXPENDITURE | Advertising Expense | | | outside of Texas. Complete Schedule T. | | |
| | | | | , TX, officeholder living expense | | |
| | | | Campaign Ma | ailers | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office soug | ht | Office held | | |
| expenditure to benefit C/O | ^H Christ, Bryan | County Pa | arty Chair | County Party Chair | | |
| Data | 1 | - | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Coc | e | | | |
| | | | | | | |
| | | | | | | |
| Expenditure from | | | | | | |
| corporate funds | | r | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the to | op of this schedule) | b) Description | | | |
| EXPENDITURE | | | | outside of Texas. Complete Schedule T. | | |
| | | | | , TX, officeholder living expense | | |
| | | | | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office soug | ht | Office held | | |
| expenditure to benefit C/O | ^H Thomas, Judi | Montgome | ery Co Pct Chair | 60 | | |
| | | | | | | |
| | | | | | | |

| | EXPE | NDITURE CATEGORI | ES FOR BOX 8(a) | |
|---|---|--------------------------------------|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - Gift/Awards | age Expense I Memorials Expense I | 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 Instru | uction Guide explains ho | ow to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/109 Rpt: | Texans for Opportur | nity & Prosperity PAC | C | 00085328 |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; C | ty; State; | Zip Code | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categorie | s listed at the top of this sched | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder ^H Johnson, Stephanie | | fice sought ontgomery Co Pct Chair | Office held 63 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; C | ty; State; | Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categorie | s listed at the top of this sched | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder | | fice sought ontgomery Co Pct Chair | Office held 74 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; C | ty; State; | Zip Code | |
| corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categorie | s listed at the top of this sched | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder | name Off | fice sought | Office held |
| expenditure to benefit C/O | ^H Peltier, Jeff | Мс | ontgomery Co Pct Chair | 87 |
| | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) |
|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: | |
| Sch: 3/109 Rpt: | Texans for Opportunity & Prosperity PAC00085328 |
| 4 Date | 5 Payee name (see previous) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| Expenditure from corporate funds | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held Parada, Charlie Montgomery Co Pct Chair 105 |
| Date | Payee name |
| | (see previous) |
| Amount (\$) | Payee address; City; State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldMedved, MikeMontgomery Co Pct Chair 109 |
| Date | Payee name |
| | (see previous) |
| Amount (\$) | Payee address; City; State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldIOtis, HomerMontgomery Co Pct Chair 111 |
| | |

| | | EXPENDITURE C | ATEGORIES | FOR BOX 8(a) | | | |
|---|-----------------------------|--|--------------------------|--|------------|--|------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services | Offi Pol ense Prir | n Repayment/Reimbursem ce Overhead/Rental Expen ing Expense aries/Wages/Contract Labo | se | Solicitation/Fundraising Expens Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not li | elated Expense |
| Credit Card Payment | | The Instruction Guide | explains how | to complete this form | | | |
| 1 Total pages Schedule F1: | 2 FILER NAMI | Ξ | | | 3 | Filer ID (Ethics Co | mmission Filers) |
| Sch: 4/109 Rpt: | Texans for | Opportunity & Pros | perity PAC | | | 00085328 | |
| 4 Date | 5 Payee name (see previo | | | | • | | |
| 6 Amount (\$) | 7 Payee addre | ess; City; | State; Zi | o Code | | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (S | ee Categories listed at the to | p of this schedule | Check if t | ravel outs | side of Texas. Complete Schedule (, officeholder living expense | эт. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name a | | e sought tgomery Co Pct C | nair 1 | Office held | |
| Date | Payee name | 1 | | | | | |
| | (see previo | us) | | | | | |
| Amount (\$) | Payee addre | rss; City; | State; Zi | o Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(S} | ee Categories listed at the to | p of this schedule | Check if t | ravel outs | side of Texas. Complete Schedule (, officeholder living expense | e T. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name om | | e sought tgomery Co Pct C | hair 17 | Office held | |
| Date | Payee name | 1 | | | | | |
| | (see previo | | | | | | |
| Amount (\$) | Payee addre | ess; City; | State; Zi | o Code | | | |
| Expenditure from corporate funds | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (S | ee Categories listed at the to | p of this schedule | Check if t | ravel outs | side of Texas. Complete Schedule K, officeholder living expense | э т . |
| Complete ONLY if direct | | iceholder name | Office | e sought | | Office held | |
| expenditure to benefit C/O | ^H Lynch, Wend | dy | Mon | tgomery Co Pct C | hair 25 | 5 | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print | Repayment/Reimbursement Solicitation/Fundraising Expense c Overhead/Rental Expense Transportation Equipment & Related Expense ng Expense Travel in District ing Expense Travel out of District ocomplete this form. OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 5/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held gomery Co Pct Chair 66 | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held gomery Co Pct Chair 69 | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held gomery Co Pct Chair 97 | | |
| | | | | |

| | EXPENDITURE CATEG | ORIES FOR BOX 8(a) | |
|---|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | 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 explain | ns how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 6/109 Rpt: | Texans for Opportunity & Prosperity | PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; Sta | te; Zip Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this | schedule) (b) Description | |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel o | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Kellum, Stacy | Montgomery Co Pct Chair | 102 |
| Date | | | |
| Date | Payee name | | |
| | (see previous) | te; Zip Code | |
| Amount (\$) | Payee address; City; Sta | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel o | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sought | Office held |
| | | Montgomery Co Pct Chair 2 | L T |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel o | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Adams, Suzanne | Montgomery Co Pct Chair | 31 |
| | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|-------------------------------------|---|--|---|------------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens ittee Legal Services The Instruction Guide ex | Office Over Polling Exp e Printing Exp Salaries/Wa | oense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | LER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/109 Rpt: | exans for Opportunity & Prospe | rity PAC | | 00085328 |
| 4 | Date | ayee name | | | |
| | 02/29/2024 | AP Print | | | |
| 6 | Amount (\$) | ayee address; City; | State; Zip Coo | le | |
| | \$3,519.20 | 20 Quinn Drive | | | |
| X | Expenditure from corporate funds | ripping Springs, TX 78620 | | | |
| 8 | PURPOSE OF | ategory (See Categories listed at the top of | f this schedule) | b) Description | |
| | EXPENDITURE | dvertising Expense | | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | | | | Campaign Ma | |
| | | | | 1 5 | |
| 9 | Complete ONLY if direct | ndidate/Officeholder name | Office soug | ht | Office held |
| | expenditure to benefit C/OF | rist, Bryan | County Pa | arty Chair | County Party Chair |
| | Date | ayee name | | | |
| | | ee previous) | | | |
| | Amount (\$) | ayee address; City; | State; Zip Coo | le | |
| | Expenditure from corporate funds | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of | f this schedule) | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct | ndidate/Officeholder name | Office soug | | Office held |
| | expenditure to benefit C/OF | y, Barbara | Montgom | ery Co Pct Chair | 1 |
| | Date | ayee name | | | |
| | | see previous) | | | |
| | Amount (\$) | ayee address; City; | State; Zip Coo | le | |
| | Expenditure from | | | | |
| _ | corporate funds | | i | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of | f this schedule) | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | Complete ONLY if direct | ndidate/Officeholder name | Office soug | | Office held |
| | expenditure to benefit C/OF | binson, Tom | Montgom | ery Co Pct Chair | 17 |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | Fees Office Food/Beverage Expense Pollin y - Git/Awards/Memorials Expense Printi | Repayment/Reimbursement Solicitation/Fundraising Expense c) Overhead/Rental Expense Transportation Equipment & Related Expense g Expense Travel in District ng Expense Travel Out of District ocomplete this form. OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 8/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office | sought Office held Jomery Co Pct Chair 24 | | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office : ^H Lynch, Wendy Montg | sought Office held pomery Co Pct Chair 25 | | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held Jomery Co Pct Chair 31 | | |
| | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | 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) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) | |
| Sch: 9/109 Rpt: | Texans for Opportunity & Prosperity PA | AC | 00085328 | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | Check if travel outsi | de of Texas. Complete Schedule T. officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct | | ffice sought | Office held | |
| expenditure to benefit C/O | ^H Thomas, Judi N | lontgomery Co Pct Chair 60 | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sche | Check if travel outsi | de of Texas. Complete Schedule T. , officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ffice sought Iontgomery Co Pct Chair 63 | Office held | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sche | Check if travel outsi | de of Texas. Complete Schedule T. officeholder living expense | |
| Complete ONLY if direct | | ffice sought | Office held | |
| expenditure to benefit C/O | ^H Sandmann, Mary N | lontgomery Co Pct Chair 66 | | |
| | | | | |

| | I | EXPENDITURE CATEGO | RIES FOR | BOX 8(a) | | | |
|---|--|---|--|------------------------------------|-------------------------|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Food / - Gift/ | nt Expense ////Beverage Expense Awards/Memorials Expense Il Services | Office Over Polling Exp Printing Exp | | Trans Trave Trave | sportation Ec el in District el Out of Dist | aising Expense luipment & Related Expense rict ategory not listed above) |
| Credit Card Payment | The | Instruction Guide explains | how to con | nplete this form. | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer | ' ID | (Ethics Commission Filers) |
| Sch: 10/109 Rpt: | Texans for Opp | ortunity & Prosperity P | AC | | 000 | 85328 | |
| 4 Date | 5 Payee name (see previous) | | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; State | e; Zip Coo | le | | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Ca | tegories listed at the top of this sch | hedule) | (b) Description | | | lete Schedule T. expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeh H Truesdale, Pat | | Office soug | _{iht} ery Co Pct Chair | | Office he | ld |
| Date | Payee name | | | | | | |
| | (see previous) | | | | | | |
| Amount (\$) | Payee address; | City; State | e; Zip Coo | le | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Ca | tegories listed at the top of this sch | hedule) | (b) Description | | | lete Schedule T. expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeh ^H Martin, Kenny | | Office soug | _{lht} ery Co Pct Chair | | Office he | ld |
| Date | Payee name | | | | | | |
| | (see previous) | | | | | | |
| Amount (\$) | Payee address; | City; State | e; Zip Coo | le | | | |
| Expenditure from corporate funds | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Ca | tegories listed at the top of this sch | hedule) | (b) Description | | | lete Schedule T. expense |
| Complete ONLY if direct | Candidate/Officeh | older name | Office soug | ht | | Office he | ld |
| expenditure to benefit C/O | ^H Peltier, Jeff | I | Montgom | ery Co Pct Chair | 87 | | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|-----------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | xpense Office Ov xpense Polling Expense Printing E | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| - | | on Guide explains how to co | mplete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 11/109 Rpt: | Texans for Opportunity | & Prosperity PAC | | 00085328 |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | ode | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories liste | d at the top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nam ¹ Thigpen, Randy | | ight nery Co Pct Chair S | Office held 97 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | ode | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories liste | d at the top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nam ^H Kellum, Stacy | | ight nery Co Pct Chair 1 | Office held 102 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | ode | |
| corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories liste | d at the top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder nam | e Office sou | ight | Office held |
| expenditure to benefit C/O | ^H Parada, Charlie | Montgon | nery Co Pct Chair 1 | 105 |
| | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services | Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont le explains how to complete th | al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 12/109 Rpt: | Texans for Opportunity & Pro | sperity PAC | 00085328 | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | | |
| | | · | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | | Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Medved, Mike | Montgomery Co | Pct Chair 109 | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | |
| Expenditure from corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | | Cription 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/O | ^H Otis, Homer | Montgomery Co | Pct Chair 111 | |
| Date | Payee name | | | |
| 02/29/2024 | KAP Print | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | |
| \$3,520.18 | 220 Quinn Drive | | | |
| X Expenditure from corporate funds | Dripping Springs, TX 78620 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the Advertising Expense | | cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense npaign Mailers | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Christ, Bryan | County Party Ch | air County Party Chair | |
| | | | | |

| | EX | PENDITURE CATEGOR | RIES FOR BOX 8(a) | | |
|--|--------------------------------|--|---|--------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Food/B - Gift/Aw | Expense everage Expense ards/Memorials Expense Services | Loan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract | Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| | | nstruction Guide explains l | now to complete this f | form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| Sch: 13/109 Rpt: | Texans for Oppo | rtunity & Prosperity PA | AC | | 00085328 |
| 4 Date | 5 Payee name (see previous) | | | · | |
| 6 Amount (\$) | 7 Payee address; | City; State; | Zip Code | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Cate | gories listed at the top of this sch | Che | ck if travel outsi | de of Texas. Complete Schedule T. officeholder living expense |
| | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officehold | | office sought Iontgomery Co Pc | t Chair 1 | Office held |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code | | |
| Expenditure from corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Cate | gories listed at the top of this sch | Che | ck if travel outsi | de of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct | Candidate/Officehold | der name C | I Office sought | | Office held |
| expenditure to benefit C/O | ^H Robinson, Tom | Ν | lontgomery Co Pc | t Chair 17 | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code | | |
| Expenditure from corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Cate | gories listed at the top of this sch | Che | ck if travel outsi | de of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct | Candidate/Officehol | der name C | I Office sought | | Office held |
| expenditure to benefit C/O | | | Iontgomery Co Po | t Chair 24 | |
| | | | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 14/109 Rpt: | Texans for Opportunity & Prosperity | PAC | 00085328 | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; Sta | te; Zip Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this : | Check if travel of | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Lynch, Wendy | Montgomery Co Pct Chair | 25 | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this : | Check if travel of | outside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sought | Office held | |
| | ^H Adams, Suzanne | Montgomery Co Pct Chair | 31 | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this : | Check if travel of | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Thomas, Judi | Montgomery Co Pct Chair | 60 | |
| | | | | |

| | | EXPENDITURE | CATEGOR | IES FOR | BOX 8(a) | | |
|--|--|--------------------------------|-------------------|------------|---|----|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | Committee Legal Services 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 Guid | e explains h | ow to con | plete this form. | | |
| 1 Total pages Schedule F1: | | NAME | | | | | Filer ID(Ethics Commission Filers) |
| Sch: 15/109 Rpt: | Texans for | Opportunity & Pro | sperity PA | С | | | 00085328 |
| 4 Date | 5 Payee name (see previo | | | | | | |
| 6 Amount (\$) | 7 Payee addr | ess; City; | State; | Zip Coo | le | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the t | top of this sched | dule) | | | de of Texas. Complete Schedule T. officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name rephanie | | ffice soug | ht ery Co Pct Chair | 63 | Office held |
| Date | Payee name | 9 | | | | | |
| | (see previo | ous) | | | | | |
| Amount (\$) | Payee addr | ess; City; | State; | Zip Coo | le | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the I | top of this sched | dule) | | | de of Texas. Complete Schedule T. officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name Mary | | ffice soug | ht ery Co Pct Chair | 66 | Office held |
| Date | Payee name (see previo | | | | | | |
| Amount (\$) | Payee addr | - | State; | Zip Coo | le | | |
| Expenditure from corporate funds | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the t | top of this sched | dule) | | | de of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct | | ficeholder name | Of | ffice soug | ht | | Office held |
| expenditure to benefit C/O | ^H Truesdale, I | Pat | M | ontgom | ery Co Pct Chair | 69 | |
| | | | | | | | |

| | EXPENDITURE CATEGORI | ES FOR BOX 8(a) | | | | | | |
|---|--|--|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees G Food/Beverage Expense G y - Gift/Awards/Memorials Expense G | 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) | | | | | |
| 1 Total pages Cabadula F1; | · · · · · · | · · · · · · · · · · · · · · · · · · · | Filer ID (Ethics Commission Filers) | | | | | |
| 1 Total pages Schedule F1: Sch: 16/109 Rpt: | Texans for Opportunity & Prosperity PAC | | | | | | | |
| 4 Date | 5 Payee name (see previous) | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | | | | | | |
| Expenditure from corporate funds | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched | Check if travel outsi | de of Texas. Complete Schedule T. officeholder living expense | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ice sought ontgomery Co Pct Chair 74 | Office held | | | | | |
| Date | Payee name (see previous) | | | | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched | Check if travel outsi | de of Texas. Complete Schedule T. officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | 11 | ice sought ontgomery Co Pct Chair 87 | Office held | | | | | |
| Date | Payee name (see previous) | | | | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched | Check if travel outsi | de of Texas. Complete Schedule T. officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ice sought ontgomery Co Pct Chair 97 | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGOR | IES FOR BOX 8(a) | | | | |
|---|--|--|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Food/Beverage Expense gift/Awards/Memorials Expense | 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) | | | |
| 1 Total pages Cabadula F1; | · · · · · | · · · | Filer ID (Ethics Commission Filers) | | | |
| 1 Total pages Schedule F1: Sch: 17/109 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PA | | | | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched | Check if travel outsi | de of Texas. Complete Schedule T. officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | fice sought ontgomery Co Pct Chair 102 | Office held 2 | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched | Check if travel outsi | de of Texas. Complete Schedule T. officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | fice sought ontgomery Co Pct Chair 10! | Office held 5 | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched | Check if travel outsi | de of Texas. Complete Schedule T. officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | fice sought ontgomery Co Pct Chair 109 | Office held | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|--|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above) | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 18/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | | | | |
| 4 Date | 5 Payee name | | | | | | |
| | (see previous) | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought ¹ Otis, Homer Montgomery C | Office held Co Pct Chair 111 | | | | | |
| Date | Payee name | | | | | | |
| 02/29/2024 | KAP Print | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| \$3,520.18 | 220 Quinn Drive | | | | | | |
| Expenditure from corporate funds | Dripping Springs, TX 78620 | | | | | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Mailers | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | |
| expenditure to benefit C/OI | ⁺ Christ, Bryan County Party (| Chair County Party Chair | | | | | |
| Date | Payee name | | | | | | |
| | (see previous) | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) [| Description | | | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) | 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 Ray, Barbara Montgomery C | Office held Co Pct Chair 1 | | | | | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|--------------------------------|---|---------------------|----------------------------|----------------|--------------------|-----|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | y - al Committee | The Instruction Guide explains how to complete this form. | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commiss | | | | |
| Sch: 19/109 Rpt: | Texans for C | Opportunity & Prosp | perity PAC | | | 00085328 | | |
| 4 Date | 5 Payee name (see previous) | | | | | | | |
| 6 Amount (\$) | 7 Payee addres | s; City; | State; Zip | Code | | | | |
| corporate funds | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category _{(Se} | e Categories listed at the top | o of this schedule) | | if travel outs | ide of Texas. Com | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Offic | eholder name | Office | sought | | Office he | eld | |
| expenditure to benefit C/O | H Lynch, Wend | y | Mont | gomery Co Pct | Chair 25 | i | | |
| Date | Payee name | | | | | | | |
| | (see previou | IS) | | | | | | |
| Amount (\$) | Payee addres | s; City; | State; Zip | Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(Se} | e Categories listed at the top | o of this schedule) | | if travel outs | side of Texas. Com | | |
| Complete ONLY if direct | Candidate/Offic | eholder name | Office | sought | | Office he | eld | |
| expenditure to benefit C/O | ^H Adams, Suza | nne | Mont | gomery Co Pct | Chair 31 | | | |
| Date | Payee name (see previou | s) | | | | | | |
| Amount (\$) | Payee addres | s; City; | State; Zip | Code | | | | |
| Expenditure from corporate funds | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (Se | e Categories listed at the top | o of this schedule) | | if travel outs | ide of Texas. Com | | |
| Complete <u>ONLY</u> if direct | Candidate/Offic | | Office | sought | | Office he | eld | |
| expenditure to benefit C/O | ^H Thomas, Judi | | Mont | gomery Co Pct | Chair 60 |) | | |
| | | | | | | | | |

| | EXPENDITURE CATEGO | RIES FOR BOX 8(a) | | | | | |
|---|--|--|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | 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 F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) | | | | |
| Sch: 20/109 Rpt: | Texans for Opportunity & Prosperity P | AC | 00085328 | | | | |
| 4 Date | 5 Payee name (see previous) | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State | ; Zip Code | | | | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Dffice sought Montgomery Co Pct Chair 69 | Office held | | | | |
| Date | Payee name | | | | | | |
| | (see previous) | | | | | | |
| Amount (\$) | Payee address; City; State | ; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Difice sought Montgomery Co Pct Chair 74 | Office held | | | | |
| Date | Payee name | | | | | | |
| | (see previous) | | | | | | |
| Amount (\$) | Payee address; City; State | ; Zip Code | | | | | |
| corporate funds | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense | | | | |
| Complete ONLY if direct | | Office sought | Office held | | | | |
| expenditure to benefit C/OI | H Robinson, Tom | Montgomery Co Pct Chair 17 | 7 | | | | |
| | | | | | | | |

| | EXPE | NDITURE CATEGORIE | S FOR BOX 8(a) | | | |
|---|---|--|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Ige Expense Po Memorials Expense Po | 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 Instru | iction Guide explains how | w to complete this form. | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission | | | |
| Sch: 21/109 Rpt: | Texans for Opportur | ity & Prosperity PAC | | 00085328 | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; Ci | ty; State; Z | Zip Code | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories | listed at the top of this schedu | Check if travel | outside of Texas. Complete Schedule T. h, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder r ^H Johnson, Stephanie | | ce sought ntgomery Co Pct Chair | Office held 63 | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; Ci | ty; State; Z | Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories | listed at the top of this schedu | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder r ^H Sandmann, Mary | | ce sought ntgomery Co Pct Chair | Office held 66 | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; Ci | ty; State; Z | Zip Code | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories | listed at the top of this schedu | Check if travel | outside of Texas. Complete Schedule T. h, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder r | name Offic | ce sought | Office held | | |
| expenditure to benefit C/O | ^H Peltier, Jeff | Mo | ntgomery Co Pct Chair | 87 | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 22/109 Rpt: | Texans for Opportunity & Prosperity PAC 00085328 | | | | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held ^H Thigpen, Randy Montgomery Co Pct Chair 97 | | | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHParada, CharlieMontgomery Co Pct Chair 105 | | | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHMedved, MikeMontgomery Co Pct Chair 109 | | | | | |
| | | | | | | |

| | EXPENDITURE CATEO | GORIES FOR BOX 8(a) | | | | | | |
|--|---|--|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | al Committee 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) | | | | | |
| | · · · · · | ins how to complete this form. | | | | | | |
| 1 Total pages Schedule F1: | | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 23/109 Rpt: | Texans for Opportunity & Prosperity | PAC | 00085328 | | | | | |
| 4 Date | 5 Payee name (see previous) | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; St | ate; Zip Code | | | | | | |
| Expenditure from corporate funds | | | | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this | | outside of Texas. Complete Schedule T. | | | | | |
| EXPENDITURE | | | , TX, officeholder living expense | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | | | |
| expenditure to benefit C/O | ^H Otis, Homer | Montgomery Co Pct Chair | 111 | | | | | |
| Date | Payee name | | | | | | | |
| Balo | (see previous) | | | | | | | |
| A | | ata Zia Osala | | | | | | |
| Amount (\$) | Payee address; City; St | ate; Zip Code | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel of | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Hodges, Roberta | Office sought Montgomery Co Pct Chair | Office held 24 | | | | | |
| Date | Payee name | | | | | | | |
| | (see previous) | | | | | | | |
| Amount (\$) | | ate; Zip Code | | | | | | |
| Expenditure from corporate funds | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel of | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | | | |
| expenditure to benefit C/O | | Montgomery Co Pct Chair | | | | | | |
| | - | | | | | | | |
| | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | | |
|-------------------------------------|--|----------------------------|----------------|--|-------------------------|---------------------------------------|----------------------------------|--------------------|--|------|--|---------------------------------|-------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Event Expense Loan Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contr The Instruction Guide explains how to complete this | | | Rental Expense Contract Labor | | Transportation Travel in Distric Travel Out of D | | e | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | Ξ | | | | | | 3 | Filer ID | (Ethics Commission Fi | lers) |
| | Sch: 24/109 Rpt: | | Texans for | Opportı | unity & Prosp | erity PA | NC | | | | 00085328 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 02/29/2024 | | KAP Print | | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; (| City; | State; | Zip Co | de | | | | | |
| | \$4,219.25 | | 220 Quinn | Drive | | | | | | | | | |
| X | Expenditure from corporate funds | Dripping Springs, TX 78620 | | | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categor | ies listed at the top (| of this sche | dule) | (b) [| Description | | | | |
| | OF EXPENDITURE | | Advertising | Expens | se | | | Ē | | | | nplete Schedule T. | |
| | | | | | | | | L | Campaign Ma | | officeholder livin | g expense | |
| | | | | | | | | | campaign wa | alle | 15 | | |
| 9 | Complete ONLY if direct | | Candidate/Off | iceholdo | r name | <u> </u> | ffice sou | tdr | | | Office h | eld | |
| | expenditure to benefit C/OI | | Aedved, Mik | | manne | | | - | Co Pct Chair | 109 | | | |
| | Date | | Payee name | | | | | | | | | | |
| (see previous) | | | | | | | | | | | | | |
| | Amount (\$) | | Payee addre | - | City; | State [.] | Zip Co | de | | | | | |
| | / | | i aj co adal c | | | otato, | p 00 | ao | | | | | |
| | Expenditure from corporate funds | | | | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (S | ee Categori | ies listed at the top o | of this sche | dule) | (d) [] [| | | de of Texas. Cor officeholder livin | nplete Schedule T. g expense | |
| ⊢ | Complete ONLY if direct | | Candidate/Off | iceholde | r name | 0 | ffice sour | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | H (| Dtis, Homer | | | Montgomery Co Pct Chair 111 | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | | | (see previo | | | | | | | | | | |
| | Amount (\$) | | Payee addre | | City; | State; | Zip Co | de | | | | | |
| | | | | | | | | | | | | | |
| | Expenditure from corporate funds | | | | | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categor | ies listed at the top (| of this sche | dule) | (b) [| Description | | | | |
| | OF EXPENDITURE | | | | | | | [[| | | de of Texas. Cor officeholder livin | nplete Schedule T. g expense | |
| | Complete ONLY if direct | (| Candidate/Off | iceholde | r name | 0 | ffice sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | | Christ, Bryar | | | County Party Chair County Party Chair | | | | | | | |
| - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | EXPENDITURE CATI | EGORIES FOR BOX 8(a) | | | | | | |
|--|--|--|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | | 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 exp | lains how to complete this form. | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 25/109 Rpt: | Texans for Opportunity & Prosperi | ity PAC | 00085328 | | | | | |
| 4 Date | 5 Payee name (see previous) | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; S | State; Zip Code | | | | | | |
| Expenditure from corporate funds | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of t | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Ray, Barbara | Office sought Montgomery Co Pct Chair | Office held 1 | | | | | |
| Date | Payee name (see previous) | | | | | | | |
| Amount (\$) | Payee address; City; S | State; Zip Code | | | | | | |
| Expenditure from corporate funds | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of t | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sought Montgomery Co Pct Chair | Office held 17 | | | | | |
| Date | Payee name | | | | | | | |
| | (see previous) | | | | | | | |
| Amount (\$) | Payee address; City; S | State; Zip Code | | | | | | |
| corporate funds | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of t | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | | | |
| expenditure to benefit C/O | | Montgomery Co Pct Chair | | | | | | |
| | | | | | | | | |

| | | EXPENDITURE C | CATEGORIE | S FOR E | 3OX 8(a) | | | |
|---|---|---|---------------------|--|----------------------|----|---|------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services | Of Po ense Pr | fice Overhe olling Exper inting Expe | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | 2 |
| Credit Card Payment | | The Instruction Guide | explains hov | v to com | plete this form. | _ | | |
| 1 Total pages Schedule F1: | 2 FILER NAMI | Ξ | | | | 3 | Filer ID (Ethics Commission File | ers) |
| Sch: 26/109 Rpt: | Texans for | Opportunity & Pros | perity PAC | | | | 00085328 | |
| 4 Date | 5 Payee name (see previo | | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ss; City; | State; Z | ip Code | 2 | | | |
| Expenditure from corporate funds | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (S | ee Categories listed at the to | op of this schedul | _{e)} (k | | | de of Texas. Complete Schedule T. officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | iceholder name di | | e sough ntgome | t 'y Co Pct Chair | 60 | Office held | |
| Date | Payee name | 1 | | | | | | |
| | (see previo | us) | | | | | | |
| Amount (\$) | Payee addre | ss; City; | State; Z | ip Code | 3 | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(S} | ee Categories listed at the to | op of this schedul | _{e)} (t | | | de of Texas. Complete Schedule T. officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name ephanie | | e sough | t ry Co Pct Chair | 63 | Office held | |
| Date | Payee name | 1 | | | | | | |
| | (see previo | us) | | | | | | |
| Amount (\$) | Payee addre | ess; City; | State; Z | ip Code | 2 | | | |
| Expenditure from corporate funds | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (S | ee Categories listed at the to | pp of this schedul | _{e)} (k | | | de of Texas. Complete Schedule T. officeholder living expense | |
| Complete ONLY if direct | | iceholder name | Offic | e sough | t | | Office held | |
| expenditure to benefit C/O | expenditure to benefit C/OH Lynch, Wendy Montgomery Co Pct Chair 25 | | | | | | | |
| | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|------------------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services | oense Office Ove Polling Exp ials Expense Printing Ex | pense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 27/109 Rpt: | Texans for Opportunity & | Prosperity PAC | | 00085328 |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | de | |
| corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed | at the top of this schedule) | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sou | jht | Office held |
| expenditure to benefit C/O | Adams, Suzanne | Montgom | ery Co Pct Chair | 31 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | |
| Expenditure from corporate funds | (a) Category (See Categories listed | at the top of this schedule) | (b) Description | |
| OF EXPENDITURE | () Ourogor (See Calegories instea | at the top of this schedule) | Check if travel of | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Sandmann, Mary | | _{jht} ery Co Pct Chair | Office held 66 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | |
| Expenditure from corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed | at the top of this schedule) | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Truesdale, Pat | | _{ght} ery Co Pct Chair | Office held 69 |
| | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | · · · · | · · · · · · · · · · · · · · · · · · · | Filer ID (Ethics Commission Filers) | |
| Sch: 28/109 Rpt: | Texans for Opportunity & Prosperity | - | 00085328 | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; Sta | ate; Zip Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this | schedule) (b) Description | | |
| OF EXPENDITURE | | | tside of Texas. Complete Schedule T. X, officeholder living expense | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Martin, Kenny | Montgomery Co Pct Chair 74 | 4 | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; Sta | ate; Zip Code | | |
| Expenditure from corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel out | tside of Texas. Complete Schedule T. X, officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Peltier, Jeff | Montgomery Co Pct Chair 87 | 7 | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; Sta | ate; Zip Code | | |
| Expenditure from corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel out | tside of Texas. Complete Schedule T. X, officeholder living expense | |
| | | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Thigpen, Randy | Montgomery Co Pct Chair 97 | 7 | |
| | | | | |

| | EXPENDITURE CATEGORIES FO | R BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing F | Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 29/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | ode |
| corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office so | ught Office held |
| expenditure to benefit C/OI | ^H Kellum, Stacy Montgor | nery Co Pct Chair 102 |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip C | ode |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sound office sound of the Montgor Montgor | ught Office held nery Co Pct Chair 105 |
| Date | Payee name | |
| 02/29/2024 | KAP Print | |
| Amount (\$) \$3,125.62 | Payee address; City; State; Zip C 220 Quinn Drive | ode |
| X Expenditure from corporate funds | Dripping Springs, TX 78620 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage for Campaign Mailers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sol Peltier, Jeff Montgor | ught Office held nery Co Pct Chair 87 |
| | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate//Officeholder/Politic Credit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 30/109 Rpt: | Texans for Opportunity & Pros | perity PAC | 00085328 | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top | p of this schedule) (b) Description | | |
| OF EXPENDITURE | | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/C | ^H Medved, Mike | Montgomery Co Pct Chai | r 109 | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | |
| Expenditure from corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | Check if trave | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/C | ^H Otis, Homer | Montgomery Co Pct Chair | r 111 | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | |
| Expenditure from corporate funds | | | | |
| PURPOSE | (a) Category (See Categories listed at the top | p of this schedule) (b) Description | | |
| OF EXPENDITURE | | Check if Austi | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense | |
| Complete ONLY if direct | | | | |
| expenditure to benefit C/C | expenditure to benefit C/OH Christ, Bryan County Party Chair County Party Chair | | | |
| | | | | |

| | EXPENDITURE C | ATEGORIES FOR BOX 8(a) | | | | |
|--|---|--|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | 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: 31/109 Rpt: | Texans for Opportunity & Prosp | perity PAC | 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | Check if trave | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Ray, Barbara | Office sought Montgomery Co Pct Cha | Office held ir 1 | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | Check if trave | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sought Montgomery Co Pct Cha | Office held ir 17 | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | | |
| corporate funds | | i | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | Check if trave | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | |
| expenditure to benefit C/O | | Montgomery Co Pct Cha | | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Printi | Repayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense g Expense Travel in District rg Expense Travel Out of District es/Wages/Contract Labor OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 32/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office ^H Lynch, Wendy Montç | omery Co Pct Chair 25 | | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office | sought Office held omery Co Pct Chair 31 | | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | |
| Corporate funds PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office ^H Thomas, Judi Montg | sought Office held omery Co Pct Chair 60 | | |
| | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 33/109 Rpt: | Texans for Opportunity & Prosperity PAC 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHJohnson, StephanieMontgomery Co Pct Chair 63 | | | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H Sandmann, Mary Montgomery Co Pct Chair 66 | | | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H Truesdale, Pat Montgomery Co Pct Chair 69 | | | |
| | | | | |

| | EXPENDITURE CATEGORIES F | OR BOX 8(a) |
|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | Fees Office (Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing al Committee Legal Services Salarie | tepayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District g Expense Travel of District s/Wages/Contract Labor OTHER (enter a category not listed above) |
| - | The Instruction Guide explains how to | |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 34/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip (| Code |
| Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s ^H Martin, Kenny Montgo | ought Office held omery Co Pct Chair 74 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip (| Code |
| corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s H Thigpen, Randy Montgo | ought Office held omery Co Pct Chair 97 |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip o | Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name Office s | ought Office held |
| expenditure to benefit C/O | ^H Kellum, Stacy Montgo | omery Co Pct Chair 102 |
| | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense | Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Finiting Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 35/109 Rpt: | Texans for Opportunity & Prosperity PA | 00085328 | | |
| 4 Date | 5 Payee name (see previous) | · | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | | |
| corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched | ule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ice sought Office held Office held | | |
| | | ingomery CO PCI Chair 105 | | |
| Date | Payee name | | | |
| 02/29/2024 | KAP Print | | | |
| Amount (\$) \$400.00 | Payee address; City; State; 220 Quinn Drive | Zip Code | | |
| X Expenditure from corporate funds | Dripping Springs, TX 78620 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shipping Campaign Mailers for Distribution | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ice sought Office held Office meld | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) Expenditure from corporate funds | Payee address; City; State; | Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched | ule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct | | ice sought Office held | | |
| expenditure to benefit C/OH Robinson, Tom Montgomery Co Pct Chair 17 | | | | |
| | | | | |

| | EXPENDITU | IRE CATEGORIES FOI | R BOX 8(a) | |
|---|--|--|---------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Office Over ense Polling Ex als Expense Printing E | | 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 | mplete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 36/109 Rpt: | Texans for Opportunity & | Prosperity PAC | | 00085328 |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | ode | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed a | t the top of this schedule) | | butside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Hodges, Roberta | Office sou Montgon | ight nery Co Pct Chair | Office held 24 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | ode | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed a | t the top of this schedule) | | butside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Thomas, Judi | Office sou Montgon | ight nery Co Pct Chair | Office held 60 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | ode | |
| corporate funds | | | 1 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed a | t the top of this schedule) | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sou | ıght | Office held |
| expenditure to benefit C/O | ^H Johnson, Stephanie | Montgon | nery Co Pct Chair | 63 |
| | | | | |

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) | |
|---|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Off Food/Beverage Expense Po / - Gift/Awards/Memorials Expense Pri al Committee Legal Services Sa | n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/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 | | |
| 1 Total pages Schedule F1: | | 3 | Filer ID(Ethics Commission Filers) |
| Sch: 37/109 Rpt: | Texans for Opportunity & Prosperity PAC | | 00085328 |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; State; Z | o Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule | Check if travel outsid | de of Texas. Complete Schedule T. officeholder living expense |
| | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | e sought | Office held |
| | ^H Martin, Kenny Mon | gomery Co Pct Chair 74 | |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; Z | o Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule | Check if travel outsid | de of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct | | e sought | Office held |
| expenditure to benefit C/O | ^H Peltier, Jeff Mon | gomery Co Pct Chair 87 | |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; Z | o Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule | Check if travel outsid | de of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name Offic | e sought | Office held |
| expenditure to benefit C/O | | gomery Co Pct Chair 109 | |
| | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|-------------------------------------|--|---------------------------|--|----------------------------|----------|---|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | O Po pense Pi Sa | ffice Overholling Expending Expendin | ense Jes/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 Total pages Schedule F1: | 2 FILER NAM | E | | | | 3 | Filer ID | (Ethics Commission Filers) |
| Sch: 38/109 Rpt: | | Opportunity & Pros | sperity PAC | | | | 00085328 | |
| 4 Date | 5 Payee name | 9 | | | | <u> </u> | | |
| | (see previo | | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ess; City; | State; Z | Zip Code | 2 | | | |
| corporate funds | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (s | See Categories listed at the t | op of this schedul | le) (k | | | de of Texas. Com officeholder living | |
| 9 Complete ONLY if direct | | ficeholder name | Offic | ce sough | ıt | | Office he | eld |
| expenditure to benefit C/OI | ^H Otis, Homer | | Мо | ntgome | ry Co Pct Chair | 112 | L | |
| Date | Payee name | 9 | | | | | | |
| | (see previo | ous) | | | | | | |
| Amount (\$) | Payee addre | ess; City; | State; Z | Zip Code | 2 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (s | See Categories listed at the t | op of this schedul | le) (k | | | de of Texas. Com officeholder living | |
| Complete ONLY if direct | Candidate/Of | ficeholder name | Offic | ce sough | ıt | | Office he | eld |
| expenditure to benefit C/OI | ^H Christ, Brya | n | Coι | unty Pai | ty Chair | | County | Party Chair |
| Date | Payee name | 9 | | | | | | |
| | (see previo | ous) | | | | | | |
| Amount (\$) | Payee addre | ess; City; | State; Z | Zip Code | 2 | | | |
| PURPOSE | (a) Category (s | | | |) Description | | | |
| OF | | See Categories listed at the t | op of this schedul | le) (* | Check if travel | | de of Texas. Com officeholder living | |
| Complete ONLY if direct | | ficeholder name | | ce sough | | | Office he | eld |
| expenditure to benefit C/OI | H Lynch, Wen | dy | Moi | ntgome | ry Co Pct Chair | 25 | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 39/109 Rpt: | Texans for Opportunity & Prosperity PAC00085328 | | | | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHAdams, SuzanneMontgomery Co Pct Chair 31 | | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H Sandmann, Mary Montgomery Co Pct Chair 66 | | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHTruesdale, PatMontgomery Co Pct Chair 69 | | | | |
| | | | | | |

| | EXP | ENDITURE CATEGOR | IES FOR BOX 8(a) | |
|---|---|--------------------------------------|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - Gift/Award | erage Expense s/Memorials Expense | 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 Inst | ruction Guide explains h | ow to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 40/109 Rpt: | Texans for Opportu | inity & Prosperity PA | .C | 00085328 |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; 0 | City; State; | Zip Code | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categori | es listed at the top of this sche | Check if trave | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder ^H Thigpen, Randy | | ffice sought lontgomery Co Pct Chair | Office held 97 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; C | City; State; | Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categori | es listed at the top of this sche | Check if trave | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder ^H Kellum, Stacy | | ffice sought lontgomery Co Pct Chair | Office held 102 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; C | City; State; | Zip Code | |
| corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categori | es listed at the top of this sche | Check if trave | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held |
| expenditure to benefit C/O | ^H Parada, Charlie | М | lontgomery Co Pct Chair | 105 |
| | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 41/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 |
| 4 | Date | Payee name | |
| | 02/29/2024 | KAP Print | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$400.00 | 220 Quinn Drive | |
| X | Expenditure from corporate funds | Dripping Springs, TX 78620 | |
| 8 | PURPOSE | (b) Description | |
| | OF EXPENDITURE | Advertising Expense | utside of Texas. Complete Schedule T. |
| | | | TX, officeholder living expense |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| - | expenditure to benefit C/OF | Christ, Bryan County Party Chair | County Party Chair |
| | Date | Payee name | |
| | | (see previous) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | / | | |
| | Expenditure from corporate funds | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OF | Hodges, Roberta Montgomery Co Pct Chair 2 | 24 |
| | Date | Payee name | |
| | | (see previous) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | Expenditure from | | |
| | corporate funds | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OF | Lynch, Wendy Montgomery Co Pct Chair 2 | 25 |
| | | | |

| | | EXPENDITURE | CATEGOR | IES FOR | BOX 8(a) | | | |
|--|-----------------------------|--|-------------------|---|------------------------------------|----|--|---------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services | pense | Office Over Polling Exp Printing Ex Salaries/W | pense ages/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 Guid | e explains h | ow to cor | nplete this form. | | | |
| 1 Total pages Schedule F1: | | | | | | 3 | Filer ID (Ethics Commission | Filers) |
| Sch: 42/109 Rpt: | Texans for | Opportunity & Pros | sperity PA | C | | | 00085328 | |
| 4 Date | 5 Payee name (see previo | | | | | | | |
| 6 Amount (\$) | 7 Payee addr | ess; City; | State; | Zip Coo | le | | | |
| Expenditure from corporate funds | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the t | top of this sched | dule) | | | de of Texas. Complete Schedule T. officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name | | ffice soug | _{Jht} ery Co Pct Chair | 87 | Office held | |
| Date | Payee name | 9 | | | | | | |
| | (see previo | ous) | | | | | | |
| Amount (\$) | Payee addr | ess; City; | State; | Zip Coo | le | | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the t | top of this sched | dule) | | | de of Texas. Complete Schedule T. officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name andy | | ffice soug | _{iht} ery Co Pct Chair | 97 | Office held | |
| Date | Payee name (see previo | | | | | | | |
| Amount (\$) | Payee addr | ess; City; | State; | Zip Coo | le | | | |
| Expenditure from corporate funds | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the t | top of this sched | dule) | | | de of Texas. Complete Schedule T. officeholder living expense | |
| Complete ONLY if direct | | ficeholder name | Of | ffice sou | Jht | | Office held | |
| expenditure to benefit C/O | ^H Truesdale, I | Pat | M | ontgom | ery Co Pct Chair | 69 | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES F | OR BOX 8(a) |
|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing | epayment/Reimbursement Solicitation/Fundraising Expense Sverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Svages/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 43/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code |
| Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s ^H Martin, Kenny Montgo | ought Office held Office held Office held |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip | Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s ^H Ray, Barbara Montgo | Dught Office held Office Yeld Office held |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip | Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s ^H Robinson, Tom Montgo | ought Office held Office held Office held |
| | | |

| | EXPENDITURE | CATEGORIES FOR | BOX 8(a) | |
|---|--|--|--------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Office Overl Polling Expe pense Printing Exp | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| - | | le explains how to com | plete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 44/109 Rpt: | Texans for Opportunity & Pro | sperity PAC | | 00085328 |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Cod | e | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Adams, Suzanne | Office soug Montgome | ht ery Co Pct Chair 3 | Office held |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Cod | e | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Thomas, Judi | Office soug Montgome | ht ery Co Pct Chair (| Office held 50 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Cod | e | |
| corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office soug | ht | Office held |
| expenditure to benefit C/O | ^H Johnson, Stephanie | Montgome | ery Co Pct Chair 6 | 53 |
| | | | | |

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | Fees Offic Food/Beverage Expense Polli y - Gift/Awards/Memorials Expense Print al Committee Legal Services Sala | n Repayment/Reimbursement 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 t | |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 45/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip |) Code |
| Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held gomery Co Pct Chair 66 |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip | 0 Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held gomery Co Pct Chair 102 |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip |) Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct | | sought Office held |
| expenditure to benefit C/O | ^H Parada, Charlie Mont | gomery Co Pct Chair 105 |
| | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--|------------------------------|--|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Foor - Gift/ I Committee Lega | It Expense Wards/Memorials Expense Vwards/Memorials Expense Il Services Instruction Guide explai | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 46/109 Rpt: | | ortunity & Prosperity | PAC | | 00085328 | |
| 4 Date | 5 Payee name | | | | 1 | |
| | (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; Sta | ate; Zip Co | de | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Ca | tegories listed at the top of this | s schedule) | | outside of Texas. Com , TX, officeholder living | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeh | older name | Office sou | ght | Office he | ld |
| expenditure to benefit C/OF | ^H Medved, Mike | | Montgom | ery Co Pct Chair | 109 | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; | City; Sta | ate; Zip Co | de | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Ca | tegories listed at the top of this | schedule) | | outside of Texas. Com | |
| Complete ONLY if direct | Candidate/Officeh | older name | Office sou | ght | Office he | ld |
| expenditure to benefit C/OF | ^H Otis, Homer | | Montgom | ery Co Pct Chair | 111 | |
| Date | Payee name | | | | | |
| 02/29/2024 | KAP Print | | | | | |
| Amount (\$) \$3,125.82 | Payee address; 220 Quinn Driv | | ate; Zip Co | de | | |
| X Expenditure from corporate funds | Dripping Spring | js, TX 78620 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(See Ca} Advertising Exp | tegories listed at the top of this DENSE | schedule) | Check if Austin | outside of Texas. Com , TX, officeholder living Campaign Maile | expense |
| Complete ONLY if direct | Candidate/Officeh | older name | Office sou | ght | Office he | ld |
| expenditure to benefit C/OF | ^H Robinson, Tom | | Montgom | ery Co Pct Chair | 17 | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8 | B(a) |
|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Services Salaries/Wages/Cor | ntal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above) |
| | The Instruction Guide explains how to complete t | i |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 47/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) De | Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Hodges, Roberta Montgomery Co | Office held Pct Chair 24 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) De | Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^{DH} Lynch, Wendy Montgomery Co | Office held Pct Chair 25 |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) De | Scription 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/O | ^{DH} Adams, Suzanne Montgomery Co | Pct Chair 31 |
| | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 48/109 Rpt: | Texans for Opportunity & Prosperity PAC00085328 | | | | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHJohnson, StephanieMontgomery Co Pct Chair 63 | | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H Sandmann, Mary Montgomery Co Pct Chair 66 | | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held Truesdale, Pat Montgomery Co Pct Chair 69 | | | | |
| | | | | | |

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) | |
|--|---|--|------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | Fees Offic Food/Beverage Expense Polli y - Gift/Awards/Memorials Expense Prin | n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense ting Expense aries/Wages/Contract Labor | 2 |
| - | The Instruction Guide explains how | | |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission File | ers) |
| Sch: 49/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | o Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | e sought Office held agomery Co Pct Chair 74 | |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip | o Code | |
| corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | gomery Co Pct Chair 102 | |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip | o Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeholder name Office | e sought Office held | |
| expenditure to benefit C/O | ^H Parada, Charlie Mont | gomery Co Pct Chair 105 | |
| | | | |

| | EXPENDITURE CATEGOR | IES FOR BOX 8(a) | |
|---|--|--|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | Office Overhead/Rental Expense Transportat Polling Expense Travel in Di Printing Expense Travel out of Salaries/Wages/Contract Labor OTHER (end) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 50/109 Rpt: | Texans for Opportunity & Prosperity PA | C 0008532 | 28 |
| 4 Date | 5 Payee name | | |
| | (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this sch | dule) (b) Description | |
| OF EXPENDITURE | | Check if travel outside of Texas. | |
| 9 Complete ONLY if direct | Candidate/Officeholder name C | ffice sought Offic | e held |
| expenditure to benefit C/O | ^H Medved, Mike N | lontgomery Co Pct Chair 109 | |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | dule) (b) Description | |
| Complete ONLY if direct | Candidate/Officeholder name C | ffice sought Office | e held |
| expenditure to benefit C/O | ^H Otis, Homer M | lontgomery Co Pct Chair 111 | |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | dule) (b) Description | |
| Complete ONLY if direct | Candidate/Officeholder name | ffice sought Office | e held |
| expenditure to benefit C/O | | lontgomery Co Pct Chair 60 | |
| | | | |
| | | | |

| | EXPENDITURE CATEG | ORIES FOR BOX 8(a) | | | | |
|---|---|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 51/109 Rpt: | Texans for Opportunity & Prosperity | PAC | 00085328 | | | |
| 4 Date | 5 Payee name | 5 Payee name | | | | |
| | (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; Sta | te; Zip Code | | | | |
| | | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this | · · · | | | | |
| EXPENDITURE | | | outside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | | | | | | |
| | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | |
| expenditure to benefit C/OI | ^H Peltier, Jeff | Montgomery Co Pct Chair | 87 | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | | | | |
| | | | | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel o | outside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | | |
| expenditure to benefit C/OI | ^H Thigpen, Randy | Montgomery Co Pct Chair | 97 | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this | schedule) (b) Description | | | | |
| OF | | Check if travel of | outside of Texas. Complete Schedule T. | | | |
| EXPENDITURE | | Check if Austin, | TX, officeholder living expense | | | |
| | | | | | | |
| Complete ONLV if direct | Candidate/Officeholder name | Office cought | Office held | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name ^H Christ, Bryan | Office sought County Party Chair | County Party Chair | | | |
| | | | | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | | | Filer ID (Ethics Commission Filers) | |
| Sch: 52/109 Rpt: | Texans for Opportunity & Prosperity F | | 00085328 | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State | e; Zip Code | | |
| corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this so | Check if travel ou | tside of Texas. Complete Schedule T. 'X, officeholder living expense | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Ray, Barbara | Montgomery Co Pct Chair 1 | | |
| Date | Payee name | | | |
| 02/29/2024 | KAP Print | | | |
| Amount (\$) | Payee address; City; Stat | e; Zip Code | | |
| \$3,125.82 | 220 Quinn Drive | | | |
| Expenditure from corporate funds | Dripping Springs, TX 78620 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this so Advertising Expense | Check if travel ou | tside of Texas. Complete Schedule T. X, officeholder living expense ampaign Mailers | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sought Montgomery Co Pct Chair 2 | Office held | |
| Data | | | ~ | |
| Date | Payee name | | | |
| Amount (Փ) | (see previous) | a Zin Codo | | |
| Amount (\$) | Payee address; City; Stat | e; Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this so | Check if travel ou | tside of Texas. Complete Schedule T. X, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name H Adams, Suzanne | Office sought Montgomery Co Pct Chair 3 | Office held 1 | |
| | | | | |

| | | EXPENDITURE | CATEGORI | ES FOR | BOX 8(a) | | | |
|---|-----------------------------|---|------------------|---|-----------------------------------|----|--|---------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services | oense | Office Overl Polling Expe Printing Exp Salaries/Wa | ense ges/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 | e explains ho | ow to com | plete this form. | | | |
| 1 Total pages Schedule F1: | | | | | | 3 | Filer ID (Ethics Commission | Filers) |
| Sch: 53/109 Rpt: | Texans for | Opportunity & Pros | sperity PA | C | | | 00085328 | |
| 4 Date | 5 Payee name (see previo | | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ess; City; | State; | Zip Cod | е | | | |
| Expenditure from corporate funds | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (s | ee Categories listed at the t | op of this sched | lule) (| | | de of Texas. Complete Schedule T. officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name Mary | | fice soug | ^{ht} ery Co Pct Chair | 66 | Office held | |
| Date | Payee name | | | | | | | |
| | (see previo | us) | | | | | | |
| Amount (\$) | Payee addre | ss; City; | State; | Zip Cod | e | | | |
| PURPOSE OF EXPENDITURE | (a) Category (s | ee Categories listed at the t | op of this sched | lule) (| | | de of Texas. Complete Schedule T. officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name Pat | | fice soug | ht ery Co Pct Chair | 69 | Office held | |
| Date | Payee name | | | | | | | |
| | (see previo | | | | | | | |
| Amount (\$) | Payee addre | - | State; | Zip Cod | e | | | |
| Expenditure from corporate funds | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (s | ee Categories listed at the t | op of this sched | lule) (| | | de of Texas. Complete Schedule T. officeholder living expense | |
| Complete ONLY if direct | | iceholder name | Of | fice soug | ht | | Office held | |
| expenditure to benefit C/O | | | | - | ery Co Pct Chair | 97 | | |
| | | | | | | | | |

| | EXPENDITURE CATEGOR | ES FOR BOX 8(a) | |
|---|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | · · · · | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 54/109 Rpt: | Texans for Opportunity & Prosperity PA | | 00085328 |
| | | | 00085528 |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this sched | dule) (b) Description | |
| OF EXPENDITURE | | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name Of | fice sought | Office held |
| expenditure to benefit C/OI | ^H Kellum, Stacy M | ontgomery Co Pct Chair 1 | 102 |
| Date | Deves some | | |
| Dale | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schere | Check if travel or | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name Of | fice sought | Office held |
| expenditure to benefit C/OI | ^H Christ, Bryan Co | ounty Party Chair | County Party Chair |
| Data | | | |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schere | Check if travel or | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | fice sought ontgomery Co Pct Chair 1 | Office held |
| | | | |

| | | EXPENDITURE (| CATEGORI | ES FOR | BOX 8(a) | | | |
|---|---|---|-------------------|--|-----------------------------------|----|---|-------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services | o I Dense I | Office Overl Polling Expe Printing Exp | | | Solicitation/Fundraising Expense Transportation Equipment & Related E Travel in District Travel Out of District OTHER (enter a category not listed ab | |
| Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAM | E | | | | 3 | Filer ID (Ethics Commiss | ion Filers) |
| Sch: 55/109 Rpt: | Texans for | Texans for Opportunity & Prosperity PAC 00085328 | | | | | | |
| 4 Date | 5 Payee name (see previo | | | | | | | |
| 6 Amount (\$) | 7 Payee addro | ess; City; | State; | Zip Cod | е | | | |
| Expenditure from corporate funds | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the to | op of this sched | lule) (| | | le of Texas. Complete Schedule T. officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name om | | fice soug | ^{ht} ery Co Pct Chair | 17 | Office held | |
| Date | Payee name (see previo | | | | | | | |
| Amount (\$) | Payee addre | - | Ctata | Zip Cod | | | | |
| Expenditure from corporate funds PURPOSE | (a) Category (3 | See Categories listed at the to | op of this sched | lule) (| b) Description | | | |
| OF EXPENDITURE | | | | | | | le of Texas. Complete Schedule T. officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name berta | | fice soug ontgome | ^{ht} ery Co Pct Chair | 24 | Office held | |
| Date | Payee name (see previo | | | | | | | |
| Amount (\$) | Payee addro | ess; City; | State; | Zip Cod | e | | | |
| Expenditure from corporate funds | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the to | op of this sched | lule) | | | le of Texas. Complete Schedule T. officeholder living expense | |
| Complete <u>ONLY</u> if direct | | ficeholder name | | fice soug | | | Office held | |
| expenditure to benefit C/O | ^H Thomas, Ju | di | Mo | ontgome | ery Co Pct Chair | 60 | | |
| | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees O Food/Beverage Expense Pe Gift/Awards/Memorials Expense Pr | oan Repayment/Reimbursement Iffice Overhead/Rental Expense Olling Expense rinting Expense alaries/Wages/Contract Labor w to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) | |
| Sch: 56/109 Rpt: | Texans for Opportunity & Prosperity PAC | | 00085328 | |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Z | Zip Code | | |
| 8 PURPOSE | | (h) Description | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | Check if travel outs | ide of Texas. Complete Schedule T. , officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ce sought ntgomery Co Pct Chair 63 | Office held | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Z | Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | Check if travel outs | side of Texas. Complete Schedule T. , officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ce sought ntgomery Co Pct Chair 74 | Office held | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Z | Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | Check if travel outs | tide of Texas. Complete Schedule T. K, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | 1 | ce sought ntgomery Co Pct Chair 87 | Office held | |
| | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) |
|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic 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: | |
| Sch: 57/109 Rpt: | Texans for Opportunity & Prosperity PAC00085328 |
| 4 Date | 5 Payee name (see previous) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| Expenditure from corporate funds | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held ^H Parada, Charlie Montgomery Co Pct Chair 105 |
| Date | Payee name |
| | (see previous) |
| Amount (\$) | Payee address; City; State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHMedved, MikeMontgomery Co Pct Chair 109 |
| Date | Payee name |
| | (see previous) |
| Amount (\$) | Payee address; City; State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHOtis, HomerMontgomery Co Pct Chair 111 |
| | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--------|---|---|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 58/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | |
| 4 | Date 02/29/2024 | 5 Payee name KAP Print | | | |
| 6 × | Amount (\$) \$421.93 Expenditure from corporate funds | Payee address; City; State; Zip Code 220 Quinn Drive Dripping Springs, TX 78620 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expense Check if travel of | utside of Texas. Complete Schedule T. TX, officeholder living expense ter Research | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder nameOffice soughtChrist, BryanCounty Party Chair | Office held County Party Chair | | |
| | Date | Payee name (see previous) | | | |
| | Amount (\$) Expenditure from corporate funds PURPOSE | Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Check if travel o | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder nameOffice soughtRobinson, TomMontgomery Co Pct Chair 1 | Office held 17 | | |
| | Date | Payee name (see previous) | | | |
| | Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip Code | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder nameOffice soughtThomas, JudiMontgomery Co Pct Chair 6 | Office held 60 | | |
| | | | | | |

| | EXPENDITURE CATEO | GORIES FOR BOX 8(a) | |
|---|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | 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) |
| - | · · · · | ns how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 59/109 Rpt: | Texans for Opportunity & Prosperity | PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; Sta | ate; Zip Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel of | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name ^H Johnson, Stephanie | Office sought Montgomery Co Pct Chair 6 | Office held 53 |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; Sta | ate; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel of | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Peltier, Jeff | Office sought Montgomery Co Pct Chair 8 | Office held 37 |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; Sta | ate; Zip Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel of | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Thigpen, Randy | Montgomery Co Pct Chair 9 | 97 |
| | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|---|------------------------------|---|-----------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Food / - Gift// al Committee Lega | t Expense /Beverage Expense wards/Memorials Expense I Services Instruction Guide explain | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commissio | n Filers) |
| Sch: 60/109 Rpt: | Texans for Opp | ortunity & Prosperity | PAC | | 00085328 | |
| 4 Date | 5 Payee name | | | | | |
| | (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; Sta | te; Zip Coo | le | | |
| | - | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF | (a) Category (See Ca | tegories listed at the top of this s | schedule) | b) Description | | |
| EXPENDITURE | | | | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | |
| | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeho ^H Parada, Charlie | older name | Office soug | ht ery Co Pct Chair | Office held 105 | |
| Date | I | | | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; | City; Sta | ite; Zip Coc | | | |
| Expenditure from corporate funds | r uyee uuuress, | | iie, zip ooc | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(See Ca} | tegories listed at the top of this s | schedule) | | outside of Texas. Complete Schedule T. I, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeho ^H Medved, Mike | older name | Office soug | ht ery Co Pct Chair | Office held 109 | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; | City; Sta | ite; Zip Coo | le | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(See Ca} | tegories listed at the top of this s | schedule) | | outside of Texas. Complete Schedule T. I, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeho | older name | Office soug | | Office held | |
| expenditure to benefit C/O | ^H Otis, Homer | | Montgome | ery Co Pct Chair | 111 | |
| | | | | | | |

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) | | | |
|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Printi al Committee Legal Services Salar | Repayment/Reimbursement Solicitation/Fundraising Expense overhead/Rental Expense Transportation Equipment & Related Expense ng Expense Travel in District ng Expense Travel out of District ies/Wages/Contract Labor OTHER (enter a category not listed above) | | | |
| | The Instruction Guide explains how to | · · · · · · · · · · · · · · · · · · · | | | |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 61/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held gomery Co Pct Chair 24 | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | |
| Expenditure from corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held gomery Co Pct Chair 25 | | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct | | sought Office held | | | |
| expenditure to benefit C/O | expenditure to benefit C/OH Adams, Suzanne Montgomery Co Pct Chair 31 | | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|--|---------------|--|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - Gift/Awa | · verage Expense rds/Memorials Expense | Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Cor | ntal Expense | Travel in District Travel Out of Dist | uipment & Related Expense |
| Credit Card Payment | The In: | struction Guide explains I | now to complete t | his form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | ; | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 62/109 Rpt: | Texans for Oppor | tunity & Prosperity PA | AC | | 00085328 | |
| 4 Date | 5 Payee name (see previous) | | | · | | |
| 6 Amount (\$) | 7 Payee address; | City; State; | Zip Code | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Catego | pries listed at the top of this sche | edule) (b) De | | utside of Texas. Comp TX, officeholder living | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officehold ^H Sandmann, Mary | | office sought Iontgomery Co |) Pct Chair 6 | Office he | ld |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Catego | pries listed at the top of this sche | edule) (b) De | | utside of Texas. Comp TX, officeholder living | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officehold | | office sought Iontgomery Co |) Pct Chair 6 | Office he | d |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code | | | |
| corporate funds | | | <u>.</u> | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Catego | pries listed at the top of this sche | edule) (b) De | | utside of Texas. Comp TX, officeholder living | |
| Complete ONLY if direct | Candidate/Officehold | er name C | office sought | | Office he | d |
| expenditure to benefit C/O | ^H Martin, Kenny | Ν | Iontgomery Co | Pct Chair 7 | 74 | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|-------------------------------------|---------------------------------------|---|-------------------------------|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Gift/Award Imittee Legal Ser | erage Expense Is/Memorials Expense | Office Ove Polling Ex Printing Ex Salaries/W | pense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 63/109 Rpt: | | Texans for Opport | unity & Prosperity PA | AC | | | 00085328 |
| 4 | Date | 5 | Payee name | | | | | |
| | | | (see previous) | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; State; | Zip Co | de | | |
| | | | | | | | | |
| | Expenditure from corporate funds | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categor | ies listed at the top of this sch | edule) | (b) Description | | |
| | EXPENDITURE | | | | | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | | | | | | | , 17, | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | | andidate/Officeholde | r name C | Office sou | ght | | Office held |
| | expenditure to benefit C/OH Kellum, Stacy Montgomery Co Pct Chair 102 | | | | | 2 | | |
| | Date | | Payee name | | | | | |
| | | | (see previous) | | | | | |
| | Amount (\$) | | Payee address; | City; State; | Zip Co | de | | |
| | | | | | | | | |
| | Expenditure from corporate funds | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categor | ies listed at the top of this sch | edule) | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| _ | Complete ONLY if direct | | andidate/Officeholde | r name C | Office sou | abt | | Office held |
| | expenditure to benefit C/OF | | ay, Barbara | | | ery Co Pct Chair | 1 | Once held |
| | Data | | | | 3 - | , | | |
| | Date 02/29/2024 | | Payee name KAP Print | | | | | |
| | Amount (\$) | | | Citu: Stato: | Zip Co | do | | |
| | \$3,125.82 | | Payee address; 0 220 Quinn Drive | City; State; | Zip Co | ue | | |
| | φ3,123.02 | | 220 Quinin Drive | | | | | |
| X | | | Dripping Springs, 1 | X 78620 | i | | | |
| | PURPOSE OF | | | ies listed at the top of this sch | edule) | (b) Description | | ide of Tanas Oceanidate Ochoridate T |
| | EXPENDITURE | | Advertising Expens | se | | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | | | | | | | | npaign Mailers |
| | | | | | | - | | |
| ⊢ | Complete ONLY if direct | | andidate/Officeholde | r name C | Office sou | ght | | Office held |
| | expenditure to benefit C/OF | НC | Christ, Bryan | | | arty Chair | | County Party Chair |
| | | | | | | | | |
| | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|---|-------------------------------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services | Se Office Over Se Polling Expe Expense Printing Exp | ense ges/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 64/109 Rpt: | Texans for Opportunity & Pr | rosperity PAC | | 00085328 | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Cod | e | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at th | ne top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Robinson, Tom | Office soug Montgome | ht ery Co Pct Chair : | Office held 17 | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Cod | e | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at th | ne top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Hodges, Roberta | Office soug Montgome | ht ery Co Pct Chair 2 | Office held 24 | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Cod | e | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at th | ne top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ¹ Thomas, Judi | Office soug Montgome | ^{ht} ery Co Pct Chair (| Office held 60 | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--------------------------------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services | Office Ove nse Polling Exp s Expense Printing Ex | pense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 65/109 Rpt: | Texans for Opportunity & P | Prosperity PAC | | 00085328 | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | de | | |
| corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at 1 | the top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Johnson, Stephanie | Office sou Montgom | ^{ght} ery Co Pct Chair 6 | Office held 53 | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at a | the top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Sandmann, Mary | Office sou Montgom | ^{ght} ery Co Pct Chair 6 | Office held | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at a | the top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ¹ Thigpen, Randy | Office sou Montgom | ght ery Co Pct Chair S | Office held 97 | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense 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: 66/109 Rpt: | Texans for Opportunity & Prosperity PAC 00085328 | | | | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder nameOffice soughtOffice heldIOtis, HomerMontgomery Co Pct Chair 111 | | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder nameOffice soughtOffice heldIRay, BarbaraMontgomery Co Pct Chair 1 | | | | |
| Date | Payee name | | | | |
| <u>م</u> | (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder nameOffice soughtOffice heldILynch, WendyMontgomery Co Pct Chair 25 | | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|---|-------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Food/B - Gift/Aw | Expense everage Expense ards/Memorials Expense Services | Loan Repayment/Reimburse Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La | bense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| - | | nstruction Guide explains I | now to complete this for | rm. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| Sch: 67/109 Rpt: | Texans for Oppo | rtunity & Prosperity PA | AC | (| 00085328 |
| 4 Date | 5 Payee name (see previous) | | | · | |
| 6 Amount (\$) | 7 Payee address; | City; State; | Zip Code | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Cate | gories listed at the top of this sche | Check | if travel outside | e of Texas. Complete Schedule T. Ifficeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officehold | | office sought Iontgomery Co Pct | Chair 69 | Office held |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Cate | gories listed at the top of this sche | Check | if travel outside | e of Texas. Complete Schedule T. Ifficeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officehold H Martin, Kenny | | office sought Iontgomery Co Pct | Chair 74 | Office held |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code | | |
| corporate funds | | | i | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Cate | gories listed at the top of this sche | Check | if travel outside | e of Texas. Complete Schedule T. Ifficeholder living expense |
| Complete ONLY if direct | Candidate/Officehold | der name C | Office sought | | Office held |
| expenditure to benefit C/O | ^H Peltier, Jeff | Ν | Iontgomery Co Pct | Chair 87 | |
| | | | | | |

| | | EXPENDITURE CAT | EGORIES FOR | BOX 8(a) | |
|--|---|-------------------------------------|----------------|------------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | tanking Fees Office Overhead/f xpense Food/Beverage Expense Polling Expense / Donations Made By - Gift/Awards/Memorials Expense Printing Expense //Officeholder/Political Committee Legal Services Salaries/Wages/C | | | pense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 68/109 Rpt: | Texans for C | pportunity & Prosper | ity PAC | | 00085328 |
| 4 Date | 5 Payee name | | | | I |
| | (see previou | s) | | | |
| 6 Amount (\$) | 7 Payee addres | s; City; | State; Zip Co | de | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE | (a) Category (See | e Categories listed at the top of t | this schedule) | (b) Description | |
| OF EXPENDITURE | | | | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Offic | eholder name | Office sou | jht | Office held |
| expenditure to benefit C/O | ^H Kellum, Stacy | | Montgom | ery Co Pct Chair | 102 |
| Date | Payee name | | | | |
| | (see previou | s) | | | |
| Amount (\$) | Payee addres | s; City; | State; Zip Co | de | |
| Expenditure from corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See | e Categories listed at the top of t | this schedule) | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Offic | eholder name | Office sou | jht | Office held |
| expenditure to benefit C/O | ^H Parada, Charl | ie | Montgom | ery Co Pct Chair | 105 |
| Date | Payee name | | | | |
| | (see previou | s) | | | |
| Amount (\$) | Payee addres | s; City; | State; Zip Co | de | |
| Expenditure from corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See | e Categories listed at the top of t | this schedule) | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Offic | eholder name | Office sou | | Office held |
| expenditure to benefit C/O | ^H Medved, Mike | • | Montgom | ery Co Pct Chair | 109 |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|---|---------------------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services | nse Office Over Polling Exp Is Expense Printing Exp | pense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | | • | · · · · · · · · · · · · · · · · · · · | 3 Filer ID (Ethics Commission Filers) |
| Sch: 69/109 Rpt: | Texans for Opportunity & I | Prosperity PAC | | 00085328 |
| 4 Date | 5 Payee name (see previous) | | · | |
| • • • • • • • • | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Coo | le | |
| corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at | the top of this schedule) | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sou | Jht | Office held |
| expenditure to benefit C/O | ^H Adams, Suzanne | Montgom | ery Co Pct Chair 3 | 31 |
| Date | Payee name | | | |
| 02/29/2024 | KAP Print | | | |
| | | Ctata: Zin Ca | | |
| Amount (\$) \$4,842.80 | Payee address; City; 220 Quinn Drive | State; Zip Coo | Je | |
| <i>φ</i> 4,042.00 | | | | |
| X Expenditure from corporate funds | Dripping Springs, TX 7862 | 0 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at Advertising Expense | the top of this schedule) | Check if Austin, | outside of Texas. Complete Schedule T. TX, officeholder living expense campaign Mailers |
| Complete ONLY if direct | Candidate/Officeholder name | Office soug | Jht | Office held |
| expenditure to benefit C/O | ^H Christ, Bryan | County Pa | arty Chair | County Party Chair |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Coo | le | |
| Corporate funds | | | <u> </u> | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at | the top of this schedule) | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office soug | Jht | Office held |
| expenditure to benefit C/O | | | ery Co Pct Chair : | 1 |
| | | _ | | |
| | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Food/Beverage Expense Polling /- Gift/Awards/Memorials Expense Printin | tepayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District g Expense Travel out of District s/Wages/Contract Labor OTHER (enter a category not listed above) | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 70/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s ^H Lynch, Wendy Montge | ought Office held omery Co Pct Chair 25 | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s H Adams, Suzanne Montge | ought Office held Office Yeld | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | |
| corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s H Thomas, Judi Montgo | ought Office held omery Co Pct Chair 60 | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | 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) | | |
| - | · · · · | ins how to complete this form. | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 71/109 Rpt: | Texans for Opportunity & Prosperity | / PAC | 00085328 | | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; St | ate; Zip Code | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel o | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Truesdale, Pat | Office sought Montgomery Co Pct Chair 6 | Office held 59 | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; St | ate; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel o | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Martin, Kenny | Office sought Montgomery Co Pct Chair | Office held 74 | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; St | ate; Zip Code | | | |
| corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel o | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/O | ^H Parada, Charlie | Montgomery Co Pct Chair 1 | 105 | | |
| | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | |
| 1 Total pages Schedule F1: | | | | | |
| Sch: 72/109 Rpt: | Texans for Opportunity & Prosperity PAC 00085328 | | | | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldIMedved, MikeMontgomery Co Pct Chair 109 | | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldRobinson, TomMontgomery Co Pct Chair 17 | | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHodges, RobertaMontgomery Co Pct Chair 24 | | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | 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) | |
| - | · · · · · | ins how to complete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 73/109 Rpt: | Texans for Opportunity & Prosperit | y PAC | 00085328 | |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; S | tate; Zip Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of thi | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name ^H Johnson, Stephanie | Office sought Montgomery Co Pct Chair | Office held 63 | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; S | tate; Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of thi | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Sandmann, Mary | Office sought Montgomery Co Pct Chair | Office held 66 | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; S | tate; Zip Code | | |
| Expenditure from corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of thi | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held | |
| expenditure to benefit C/O | ^H Peltier, Jeff | Montgomery Co Pct Chair | 87 | |
| | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lis | lated Expense |
| | The Instruction Guide explains how to complete this form. | |
| 1 Total pages Schedule F1: | | nmission Filers) |
| Sch: 74/109 Rpt: | Texans for Opportunity & Prosperity PAC00085328 | |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description | т. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held OH Thigpen, Randy Montgomery Co Pct Chair 97 | |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense | т. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldOHKellum, StacyMontgomery Co Pct Chair 102 | |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description | т. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/O | OH Otis, Homer Montgomery Co Pct Chair 111 | |
| | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) |
|---|--|
| Advertising Expense Accounting/Banking Consulting Expense 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: 75/109 Rpt: | Texans for Opportunity & Prosperity PAC00085328 |
| 4 Date 02/29/2024 | 5 Payee name KAP Print |
| 6 Amount (\$) \$400.00 | 7 Payee address; City; State; Zip Code 220 Quinn Drive |
| X Expenditure from corporate funds | Dripping Springs, TX 78620 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shipping Campaign Mailers for Distribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder nameOffice soughtOffice heldChrist, BryanCounty Party ChairCounty Party Chair |
| Date | Payee name (see previous) |
| Amount (\$) | Payee address; City; State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHodges, RobertaMontgomery Co Pct Chair 24 |
| Date | Payee name (see previous) |
| Amount (\$) | Payee address; City; State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldLynch, WendyMontgomery Co Pct Chair 25 |
| | |

| | EXPENDITURE CATEG | ORIES FOR BOX 8(a) | |
|--|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) |
| Sch: 76/109 Rpt: | Texans for Opportunity & Prosperity | PAC | 00085328 |
| 4 Date | 5 Payee name | | |
| | (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; Sta | te; Zip Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE | | (b) Description | |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of this : | Check if travel ou | tside of Texas. Complete Schedule T. 'X, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Adams, Suzanne | Montgomery Co Pct Chair 3 | 1 |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | |
| Expenditure from corporate funds | (a) Category (See Categories listed at the top of this : | schedule) (b) Description | |
| OF EXPENDITURE | (See Categories instea at the top of this . | Check if travel ou | tside of Texas. Complete Schedule T. X, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Sandmann, Mary | Montgomery Co Pct Chair 6 | 6 |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this : | Check if travel ou | tside of Texas. Complete Schedule T. 'X, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Truesdale, Pat | Montgomery Co Pct Chair 6 | 9 |
| | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office C Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing | epayment/Reimbursement Solicitation/Fundraising Expense byerhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District s/Wages/Contract Labor OTHER (enter a category not listed above) | | | |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 77/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | | |
| 4 Date | 5 Payee name | | | | |
| | (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | Code | | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office so ^H Thigpen, Randy Montgo | bught Office held mery Co Pct Chair 97 | | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip (| Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office so ^H Kellum, Stacy Montgo | Dught Office held Office held | | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip (| Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office so H Ray, Barbara Montgo | bught Office held mery Co Pct Chair 1 | | | |
| | , | · | | | |

| | EXPENDITUR | E CATEGORIES FOR | BOX 8(a) | | | | |
|---|---|--|--------------------------------------|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | e Office Ove Polling Exp Expense Printing Ex | | 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 F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 78/109 Rpt: | Texans for Opportunity & Pr | osperity PAC | | 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | le | | | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at th | e top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Robinson, Tom | Office sou Montgom | iht ery Co Pct Chair 1 | Office held 17 | | | |
| Date | Payee name | | | | | | |
| | (see previous) | | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | le | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at th | e top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name [†] Thomas, Judi | Office sou Montgom | _{lht} ery Co Pct Chair (| Office held 50 | | | |
| Date | Payee name | | | | | | |
| | (see previous) | | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | le | | | | |
| corporate funds | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at th | e top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sou | Jht | Office held | | | |
| expenditure to benefit C/O | ^H Johnson, Stephanie | Montgom | ery Co Pct Chair 6 | 53 | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORI | ES FOR BOX 8(a) | | |
|---|--|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees C Food/Beverage Expense F y - Gift/Awards/Memorials Expense F al Committee Legal Services S | oan Repayment/Reimbursement Jffice Overhead/Rental Expense Iolling Expense rinting Expense alaries/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 ho | · · · · · · · · · · · · · · · · · · · | | |
| 1 Total pages Schedule F1: | | 3 | Filer ID(Ethics Commission Filers) | |
| Sch: 79/109 Rpt: | Texans for Opportunity & Prosperity PAC | ; | 00085328 | |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedu | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ce sought ntgomery Co Pct Chair 74 | Office held 1 | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | |
| corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedu | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ce sought ntgomery Co Pct Chair 87 | Office held | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedu | (b) Description | | |
| OF | (a) Category (See Categories listed at the top of this schedu | Check if travel outs | side of Texas. Complete Schedule T. K, officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeholder name Off | ce sought | Office held | |
| expenditure to benefit C/OH Parada, Charlie Montgomery Co Pct Chair 105 | | | | |
| | | | | |

| | | EXPENDITURE | CATEGORI | ES FOR | BOX 8(a) | | | |
|---|--|---|-------------------|---|------------------------------|-------|---|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services | pense | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | | Travel in District Travel Out of Distri | uipment & Related Expense |
| | 1 | The Instruction Guide explains how to complete this form. | | | | | | |
| 1 Total pages Schedule F1: | | | | | | | Filer ID | (Ethics Commission Filers) |
| Sch: 80/109 Rpt: | Texans for | Opportunity & Pros | sperity PA | C | | | 00085328 | |
| 4 Date | 5 Payee name (see previou | us) | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ss; City; | State; | Zip Coo | le | | | |
| Expenditure from corporate funds | | | | i | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category _{(Si} | ee Categories listed at the t | top of this sched | lule) | | | de of Texas. Compl officeholder living e | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ceholder name e | | fice soug | ht ery Co Pct Chair | 109 | Office hel | d |
| Date | Payee name | | | | | | | |
| | (see previor | us) | | | | | | |
| Amount (\$) | Payee addre | ss; City; | State; | Zip Coo | le | | | |
| PURPOSE OF EXPENDITURE | (a) Category (Se | ee Categories listed at the t | top of this sched | lule) | | | de of Texas. Compl officeholder living e | |
| Complete ONLY if direct | | ceholder name | Off | fice soug | ht | | Office hel | d |
| expenditure to benefit C/O | ^H Otis, Homer | | Mo | ontgom | ery Co Pct Chair | 111 | L | |
| Date 02/29/2024 | Payee name KAP Print | | | | | | | |
| Amount (\$) | Payee addre | ss; City; | State; | Zip Coo | le | | | |
| \$400.00 | 220 Quinn I | Drive | | | | | | |
| X Expenditure from corporate funds | | rings, TX 78620 | | , | | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(Si} Advertising | ee Categories listed at the t Expense | top of this sched | lule) | Check if Austin | , TX, | de of Texas. Compl officeholder living e ign Mailers fi | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ceholder name I | | fice soug | ht ery Co Pct Chair | 1 | Office hel | d |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | e Travel Out of District Contract Labor OTHER (enter a category not listed above) | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 81/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | | | |
| 4 Date | 5 Payee name | | | | | |
| | (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | ¹ Lynch, Wendy Montgomery | Co Pct Chair 25 | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Adams, Suzanne Montgomery | Office held Co Pct Chair 31 | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Truesdale, Pat Montgomery | Office held Co Pct Chair 69 | | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|----------------------------|---|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide | Office Pollin ense Printi Salar | Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor o complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME | E | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 82/109 Rpt: | Texans for | Opportunity & Prosp | perity PAC | | 00085328 |
| 4 Date | 5 Payee name | | | | 1 |
| | (see previo | us) | | | |
| 6 Amount (\$) | 7 Payee addre | ss; City; | State; Zip | Code | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE | (a) Category (S | ee Categories listed at the top | o of this schedule) | (b) Description | |
| OF EXPENDITURE | | | , | Check if travel | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Off | iceholder name | Office | sought | Office held |
| expenditure to benefit C/O | ^H Martin, Kenr | ıу | Montg | omery Co Pct Chair | 74 |
| Date | Payee name | | | | |
| | (see previo | | | | |
| Amount (\$) | Payee addre | ss; City; | State; Zip | Code | |
| Expenditure from corporate funds | | | | (b) Description | |
| OF EXPENDITURE | (a) Category (S | ee Categories listed at the top | o of this schedule) | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct | | iceholder name | Office | sought | Office held |
| expenditure to benefit C/O | H Kellum, Stac | У | Montg | omery Co Pct Chair | 102 |
| Date | Payee name (see previo | | | | |
| Amount (\$) | Payee addre | ss; City; | State; Zip | Code | |
| corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(S} | ee Categories listed at the top | o of this schedule) | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Off | iceholder name | Office | sought | Office held |
| expenditure to benefit C/O | ^H Parada, Cha | rlie | | omery Co Pct Chair | 105 |
| | | | | | |

| | | EXPENDITURE | CATEGORI | ES FOR | BOX 8(a) | | |
|---|-----------------------------|--|-------------------|--|------------------------|-----|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services | pense | Office Over Polling Exp Printing Exp | | | 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 Guid | e explains ho | ow to con | plete this form. | _ | |
| 1 Total pages Schedule F1: | 2 FILER NAM | E | | | | 3 | Filer ID (Ethics Commission Filers) |
| Sch: 83/109 Rpt: | Texans for | Opportunity & Pro | sperity PAC | С | | | 00085328 |
| 4 Date | 5 Payee name (see previo | | | | | | |
| 6 Amount (\$) | 7 Payee addro | ess; City; | State; | Zip Coo | le | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the t | top of this sched | lule) | | | de of Texas. Complete Schedule T. officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ficeholder name ke | | fice soug | ht ery Co Pct Chair | 109 | Office held 9 |
| Date | Payee name | e | | | | | |
| | (see previo | ous) | | | | | |
| Amount (\$) | Payee addro | ess; City; | State; | Zip Coc | le | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the t | top of this sched | lule) | | | de of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct | | ficeholder name | Off | fice soug | ht | | Office held |
| expenditure to benefit C/O | ^H Christ, Brya | n | Co | ounty Pa | arty Chair | | County Party Chair |
| Date | Payee name (see previo | | | | | | |
| Amount (\$) | Payee addro | ess; City; | State; | Zip Coc | le | | |
| corporate funds | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the I | top of this sched | lule) | | | de of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct | | ficeholder name | Off | fice soug | ht | | Office held |
| expenditure to benefit C/O | ^H Robinson, T | om | Мс | ontgome | ery Co Pct Chair | 17 | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 84/109 Rpt: | Texans for Opportunity & Prosperity PAC 00085328 | | | | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHHodges, RobertaMontgomery Co Pct Chair 24 | | | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H Thomas, Judi Montgomery Co Pct Chair 60 | | | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldHJohnson, StephanieMontgomery Co Pct Chair 63 | | | | | |
| | | | | | | |

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) |
|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment | Fees Offici Food/Beverage Expense Pollir y - Gift/Awards/Memorials Expense Printi Printi al Committee Legal Services Salar | Repayment/Reimbursement Solicitation/Fundraising Expense e Overhead/Rental Expense Transportation Equipment & Related Expense ng Expense Travel in District ing Expense Travel Out of District ortHead/Warst Labor OTHER (enter a category not listed above) |
| - | The Instruction Guide explains how to | |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 85/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code |
| Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held gomery Co Pct Chair 66 |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip | Code |
| corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought Office held gomery Co Pct Chair 87 |
| Date | Payee name | |
| | (see previous) | |
| Amount (\$) | Payee address; City; State; Zip | Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct | | sought Office held |
| expenditure to benefit C/O | ^H Thigpen, Randy Monte | gomery Co Pct Chair 97 |
| | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---|--|----------------------------|---|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - Gift/Awa I Committee Legal Se | verage Expense rds/Memorials Expense | Office Over Polling Expe Printing Exp Salaries/Wa | ense ges/Contract Labor | Transportation E Travel in District Travel Out of Dis | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 86/109 Rpt: | Texans for Oppor | tunity & Prosperity P | AC | | 00085328 | |
| 4 Date | 5 Payee name | | | | | |
| | (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; State | ; Zip Cod | e | | |
| corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categ | pries listed at the top of this sch | nedule) (| | outside of Texas. Com I, TX, officeholder living | |
| 9 Complete ONLY if direct | Candidate/Officehold | er name (| Office soug | ht | Office he | eld |
| expenditure to benefit C/OI | ^H Otis, Homer | 1 | Montgome | ery Co Pct Chair | 111 | |
| Date | Payee name | | | | | |
| 02/29/2024 | KAP Print | | | | | |
| Amount (\$) | Payee address; | City; State | ; Zip Cod | e | | |
| \$400.00 | 220 Quinn Drive | | | | | |
| X Expenditure from corporate funds | Dripping Springs, | TX 78620 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category _{(See Categ} Advertising Exper | | nedule) (| Check if Austin | outside of Texas. Com n, TX, officeholder living npaign Mailers | |
| Complete ONLY if direct | Candidate/Officehold | er name 0 | Office soug | ht | Office he | eld |
| expenditure to benefit C/OI | ^H Christ, Bryan | (| County Pa | rty Chair | County | Party Chair |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; | City; State | ; Zip Cod | e | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categ | ories listed at the top of this sch | nedule) (| | outside of Texas. Com I, TX, officeholder living | |
| Complete ONLY if direct | Candidate/Officehold | er name 0 | Office soug | ht | Office he | eld |
| expenditure to benefit C/OI | H Ray, Barbara | 1 | Montgome | ery Co Pct Chair | 1 | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|--|---------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission F | Filers) | | |
| Sch: 87/109 Rpt: | Texans for Opportunity & Prosperity PAC 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description (check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldOHHodges, RobertaMontgomery Co Pct Chair 24 | | | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldOHLynch, WendyMontgomery Co Pct Chair 25 | | | |
| Date | Payee name (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldOHJohnson, StephanieMontgomery Co Pct Chair 63 | | | |
| | | | | |

| | EXPENDITURI | E CATEGORIES FOR | BOX 8(a) | |
|---|--|--|---------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | e Office Ove 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) |
| - | | ide explains how to co | nplete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 88/109 Rpt: | Texans for Opportunity & Pr | osperity PAC | | 00085328 |
| 4 Date | 5 Payee name (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | de | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at th | e top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Sandmann, Mary | Office sou Montgom | ght ery Co Pct Chair (| Office held 66 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at th | e top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name | Office sou Montgom | ght ery Co Pct Chair 8 | Office held 37 |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | |
| corporate funds | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at th | e top of this schedule) | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sou | ght | Office held |
| expenditure to benefit C/O | ^H Thigpen, Randy | Montgom | ery Co Pct Chair 9 | 97 |
| | | | | |

| | EXPENDITUR | RE CATEGORIES FOR | 8 BOX 8(a) | | |
|---|---|---|-------------------------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services | S Expense Office Over Se Polling Expense Printing Expense Salaries/W | pense /ages/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 F1: | | | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 89/109 Rpt: | Texans for Opportunity & P | Prosperity PAC | | 00085328 | |
| 4 Date | 5 Payee name (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | de | | |
| Expenditure from corporate funds | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at t | the top of this schedule) | | butside of Texas. Complete Schedule T. | |
| | | | | TX, officeholder living expense | |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sou | ght | Office held | |
| expenditure to benefit C/O | ^H Otis, Homer | | ery Co Pct Chair | 111 | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (¢) | | Stata: Zin Ca | do | | |
| Amount (\$) | Payee address; City; | State; Zip Co | ue | | |
| Expenditure from corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at t | the top of this schedule) | | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sou | ght | Office held | |
| expenditure to benefit C/O | ^H Robinson, Tom | Montgom | ery Co Pct Chair | 17 | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| , inouni (¢) | r dyce dddress, ony, | | | | |
| Expenditure from corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at t | the top of this schedule) | | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeholder name | Office sou | ght | Office held | |
| expenditure to benefit C/O | | | ery Co Pct Chair | | |
| | | | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing | verhead/Rental Expense Expense Expense /Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) |
| Sch: 90/109 Rpt: | Texans for Opportunity & Prosperity PAC | | 00085328 |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | ode . | |
| | (-x | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | e of Texas. Complete Schedule T. officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office so ^H Thomas, Judi Montgo | bught mery Co Pct Chair 60 | Office held |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip C | code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | e of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office so | bught mery Co Pct Chair 69 | Office held |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip C | ode | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | e of Texas. Complete Schedule T. officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office so ¹ Martin, Kenny Montgo | ought mery Co Pct Chair 74 | Office held |
| | | | |

| | EXPENDITURE CATE | GORIES FOR BOX 8(a) | |
|---|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | 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 expl | ains how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 91/109 Rpt: | Texans for Opportunity & Prospering | IY PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; S | itate; Zip Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of th | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Kellum, Stacy | Office sought Montgomery Co Pct Chair | Office held 102 |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; S | itate; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of th | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Parada, Charlie | Office sought Montgomery Co Pct Chair | Office held 105 |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; S | itate; Zip Code | |
| corporate funds | | . | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of th | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Medved, Mike | Montgomery Co Pct Chair | 109 |
| | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|--|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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) | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 92/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | |
| 4 | Date | Payee name | • | | |
| | 02/29/2024 | LEON STRATEGIES | | | |
| 6 | Amount (\$) \$720.00 | Payee address; City; State; Zip Code 2012 BEAR CREEK DR | | | |
| Х | Expenditure from corporate funds | LEANDER, TX 78641 | | | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense igital Voter Contact | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | |
| | expenditure to benefit C/OF | Christ, Bryan County Party Chair | County Party Chair | | |
| | Date | Payee name | | | |
| | | (see previous) | | | |
| | Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip Code | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder nameOffice soughtRay, BarbaraMontgomery Co Pct Chair | Office held | | |
| | Date | Payee name | | | |
| | | (see previous) | | | |
| | Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip Code | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder nameOffice soughtHodges, RobertaMontgomery Co Pct Chair | Office held 24 | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office Food/Beverage Expense Polling - Gift/Awards/Memorials Expense Printin | Repayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District JSWages/Contract Labor OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 93/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | |
| 4 Date | 5 Payee name | | | |
| | (see previous) | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip | Code | | |
| Expenditure from corporate funds | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s Lynch, Wendy Montgo | ought Office held omery Co Pct Chair 25 | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s Johnson, Stephanie Montge | ought Office held omery Co Pct Chair 63 | | |
| Date | Payee name | | | |
| | (see previous) | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office s ¹ Sandmann, Mary Montge | ought Office held omery Co Pct Chair 66 | | |
| | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E | xpense Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) |
| Sch: 94/109 Rpt: | Texans for Opportunity & Prosperity PAC | | 00085328 |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | de of Texas. Complete Schedule T. officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sou ^H Peltier, Jeff Montgorr | ight nery Co Pct Chair 87 | Office held |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | de of Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sou ^H Thigpen, Randy Montgom | ight nery Co Pct Chair 97 | Office held |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip Co |)de | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | de of Texas. Complete Schedule T. officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sou ^H Kellum, Stacy Montgom | ^{ight} nery Co Pct Chair 102 | Office held 2 |
| | | | |

| | EXPENDITURE CATE | GORIES FOR BOX 8(a) | |
|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | al Committee 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) |
| | · · · · | ains how to complete this form. | |
| 1 Total pages Schedule F1: | | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 95/109 Rpt: | Texans for Opportunity & Prosperit | IY PAC | 00085328 |
| 4 Date | 5 Payee name (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; S | itate; Zip Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of the | is schedule) (b) Description | |
| OF EXPENDITURE | | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Otis, Homer | Montgomery Co Pct Chair | 111 |
| Date | | | |
| Dale | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; S | itate; Zip Code | |
| corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of th | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Robinson, Tom | Montgomery Co Pct Chair | 17 |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | | itate; Zip Code | |
| Amount (\$) | Payee address; City; S | nate, zip code | |
| PURPOSE | (a) Category (See Categories listed at the top of th | is schedule) (b) Description | |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of th | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | | Montgomery Co Pct Chair | |
| | | | |
| | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | · · · | · · · | B Filer ID (Ethics Commission Filers) |
| Sch: 96/109 Rpt: | Texans for Opportunity & Prosperity | | 00085328 |
| 4 Date | 5 Payee name | | |
| | (see previous) | | |
| 6 Amount (\$) | 7 Payee address; City; Sta | te; Zip Code | |
| Expenditure from corporate funds | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this | schedule) (b) Description | |
| OF EXPENDITURE | | | ıtside of Texas. Complete Schedule T. IX, officeholder living expense |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/C | ^H Thomas, Judi | Montgomery Co Pct Chair 6 | 0 |
| Date | Payee name | | |
| | (see previous) | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel ou | itside of Texas. Complete Schedule T. IX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/C | ^H Truesdale, Pat | Montgomery Co Pct Chair 6 | 9 |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | |
| Expenditure from corporate funds | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this | Check if travel ou | itside of Texas. Complete Schedule T. IX, officeholder living expense |
| Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/O | ^H Martin, Kenny | Montgomery Co Pct Chair 7 | 4 |
| | | | |

| | EXPENDITURE CATEGORIES FOR BO | X 8(a) | | | |
|--|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Office Overhead Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense | Travel in District Travel Out of District | | | |
| 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: 97/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | | |
| 4 Date | 5 Payee name | | | | |
| | (see previous) | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| Expenditure from corporate funds | | | | | |
| 8 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. | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | |
| expenditure to benefit C/OI | H Parada, Charlie Montgomery | Co Pct Chair 105 | | | |
| Date | Payee name | | | | |
| Build | (see previous) | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| Expenditure from corporate funds | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought ^H Medved, Mike Montgomery | Office held Co Pct Chair 109 | | | |
| Date | Payee name | | | | |
| 02/29/2024 | LEON STRATEGIES | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$3,000.00 | 2012 BEAR CREEK DR | | | | |
| X Expenditure from corporate funds | LEANDER, TX 78641 | | | | |
| PURPOSE OF EXPENDITURE | Consulting Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Strategy Consulting | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H | Office held | | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|--|--------------|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | e | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 98/109 Rpt: | Texans for Opportunity & Prosperity PAC | | 00085328 | | |
| 4 | Date 02/29/2024 | Payee name LEON STRATEGIES | | | | |
| 6 × | \$3,248.00 2012 BEAR CREEK DR | | | | | |
| | | LEANDER, TX 78641 | | | | |
| 8 | PURPOSE OF EXPENDITURE | | istin, TX, d | e of Texas. Complete Schedule T. officeholder living expense Voter Contact | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office held | | |
| | expenditure to benefit C/OF | Christ, Bryan County Party Chair | | County Party Chair | | |
| Date Payee name | | | | | | |
| 03/11/2024 LEON STRATEGIES | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$618.00 2012 BEAR CREEK DR | | | | | | |
| | Expenditure from corporate funds | LEANDER, TX 78641 | | | | |
| | PURPOSE OF EXPENDITURE | | istin, TX, d | e of Texas. Complete Schedule T. officeholder living expense I Voter Contact | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office held | | |
| | expenditure to benefit C/OI | Christ, Bryan County Party Chair | | County Party Chair | | |
| | Date | Payee name (see previous) | | | | |
| | Amount (\$) Expenditure from corporate funds | Payee address; City; State; Zip Code | | | | |
| | PURPOSE OF EXPENDITURE | | | e of Texas. Complete Schedule T. officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Ray, Barbara Montgomery Co Pct Ch | air 1 | Office held | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | 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 h | now to complete this form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) | | | |
| Sch: 99/109 Rpt: | Texans for Opportunity & Prosperity PA | (C | 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sche | Check if travel out | side of Texas. Complete Schedule T. X, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ffice sought lontgomery Co Pct Chair 17 | Office held 7 | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sche | Check if travel out | side of Texas. Complete Schedule T. X, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ffice sought lontgomery Co Pct Chair 24 | Office held 4 | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; | Zip Code | | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sche | Check if travel out | side of Texas. Complete Schedule T. X, officeholder living expense | | | |
| Complete ONLY if direct | | ffice sought | Office held | | | |
| expenditure to benefit C/O | ^H Lynch, Wendy M | lontgomery Co Pct Chair 25 | 5 | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | e Travel Out of District /Contract Labor OTHER (enter a category not listed above) | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 100/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | | | |
| 4 Date | 5 Payee name | | | | | |
| | (see previous) | | | | | |
| 6 Amount (\$) | 6 Amount (\$) 7 Payee address; City; State; Zip Code | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| expenditure to benefit C/O | Adams, Suzanne Montgomery | Co Pct Chair 31 | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Thomas, Judi Montgomery | Office held Co Pct Chair 60 | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE | (a) Catagony in a second second (b) | Description | | | | |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H Johnson, Stephanie Montgomery | Office held Co Pct Chair 63 | | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|---|---------------|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Ol Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr al Committee Legal Services Sa | IN Repayment/Reimbursement ce Overhead/Rental Expense Inig Expense nting Expense aries/Wages/Contract Labor | | | | |
| | The Instruction Guide explains hov | • | | | | |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commis | ssion Filers) | | | |
| Sch: 101/109 Rpt: | Texans for Opportunity & Prosperity PAC | 00085328 | | | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code | | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Offic | e sought Office held | | | | |
| expenditure to benefit C/O | | tgomery Co Pct Chair 66 | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (ft) | | n Codo | | | | |
| Amount (\$) | Payee address; City; State; Z | p Code | | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Offic | e sought Office held | | | | |
| expenditure to benefit C/O | ^H Truesdale, Pat Mor | tgomery Co Pct Chair 69 | | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Z | n Code | | | | |
| Amount (\$) | rayee address, City, State, Z | p Coue | | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct | | e sought Office held | | | | |
| expenditure to benefit C/O | | tgomery Co Pct Chair 74 | | | | |
| | | | | | | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|--|---|------------------------------------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | y - () al Committee I | Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide exp | Office Ove Polling Exp Printing Exp Salaries/W | pense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 102/109 Rpt: | Texans for C | pportunity & Prosper | rity PAC | | 00085328 | |
| 4 Date | 5 Payee name | | | | I | |
| | (see previou | s) | | | | |
| 6 Amount (\$) | 6 Amount (\$) 7 Payee address; City; State; Zip Code | | | | | |
| | | | · · | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF | (a) Category (See | e Categories listed at the top of | this schedule) | (b) Description | | |
| EXPENDITURE | | | | | outside of Texas. Complete Schedule T. a, TX, officeholder living expense | |
| | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Offic ^H Peltier, Jeff | eholder name | Office sour | ^{jht} ery Co Pct Chair | Office held 87 | |
| Date Payee name | | | | | | |
| (see previous) | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See | e Categories listed at the top of | this schedule) | | outside of Texas. Complete Schedule T. I, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate/Offic | eholder name | Office sou | jht | Office held | |
| expenditure to benefit C/O | ^H Thigpen, Ran | dy | Montgom | ery Co Pct Chair | 97 | |
| Date | Payee name | | | | | |
| | (see previou | s) | | | | |
| Amount (\$) | Payee addres | s; City; | State; Zip Co | le | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See | e Categories listed at the top of | this schedule) | | outside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| Complete ONLY if direct | Candidate/Offic | eholder name | Office sou | jht | Office held | |
| expenditure to benefit C/O | | | | ery Co Pct Chair | | |
| | | | - | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|------------------------------------|---|------------------------------|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services | xpense Office Ove polling Exportals Expense Printing Expe | pense ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 103/109 Rpt: | Texans for Opportunity | & Prosperity PAC | | 00085328 | | |
| 4 Date | 5 Payee name | | | | | |
| | (see previous) | | | | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Co | de | | | |
| | | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories liste | d at the top of this schedule) | (b) Description | | | |
| EXPENDITURE | | | | butside of Texas. Complete Schedule T. | | |
| | | | | TX, officeholder living expense | | |
| | | | | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder nam | e Office sou | nht | Office held | | |
| expenditure to benefit C/O | | · | ery Co Pct Chair | | | |
| | | | | | | |
| Date Payee name | | | | | | |
| (see previous) | | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | le | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories liste | d at the top of this schedule) | | outside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder nam | e Office sou | aht | Office held | | |
| expenditure to benefit C/O | ^H Medved, Mike | Montgom | ery Co Pct Chair | 109 | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | | | |
| | | • | | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE | (a) Category (See Categories liste | d at the top of this schedule) | (b) Description | | | |
| OF EXPENDITURE | | | | butside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder nam | e Office sou | jht | Office held | | |
| expenditure to benefit C/O | ^H Otis, Homer | Montgom | ery Co Pct Chair | 111 | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--|---|--|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | : | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 104/109 Rpt: | Texans for Opportunity & Prosperity P | AC | 00085328 | | |
| 4 Date 03/11/2024 | 5 Payee name LEON STRATEGIES | · | | | |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code \$596.00 \$012 BEAR CREEK DR | | | | | |
| Expenditure from corporate funds | LEANDER, TX 78641 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch Advertising Expense | Check if travel ou | utside of Texas. Complete Schedule T. TX, officeholder living expense jital Voter Contact | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Office sought | Office held | | |
| | H Christ, Bryan (| County Party Chair | County Party Chair | | |
| Date | Payee name (see previous) | | | | |
| Amount (\$) | Payee address; City; State | ; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | Check if travel or | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Office sought Montgomery Co Pct Chair 1 | Office held | | |
| Date | Payee name | | | | |
| | (see previous) | | | | |
| Amount (\$) | Payee address; City; State | ; Zip Code | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this sch | (b) Description | | | |
| OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | Check if travel or | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Dffice sought Montgomery Co Pct Chair 1 | Office held 17 | | |
| | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin | Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 6 | Filer ID (Ethics Commission Filers) | | | |
| Sch: 105/109 Rpt: | Texans for Opportunity & Prosperity PAC | | 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) | | | | | | |
| | (-x | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | e of Texas. Complete Schedule T. fficeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office s ^H Hodges, Roberta Montge | ought omery Co Pct Chair 24 | Office held | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | e of Texas. Complete Schedule T. officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office s | ought omery Co Pct Chair 25 | Office held | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | e of Texas. Complete Schedule T. officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office s ^H Adams, Suzanne Montge | ought omery Co Pct Chair 31 | Office held | | | |
| | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|--------------------------------|---|----------------------------|--|-----------------------------|---|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services | Of Po Po Pr Sa | an Repayment/Rei fice Overhead/Ren Iling Expense nting Expense laries/Wages/Cont | ital Expense tract Labor | Transportation E Travel in District Travel Out of Dis | |
| - | 1 | The Instruction Guide | e explains how | to complete th | | | |
| 1 Total pages Schedule F1: | | | | | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 106/109 Rpt: | Texans for | Opportunity & Pros | sperity PAC | | | 00085328 | |
| 4 Date | 5 Payee name (see previous) | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ess; City; | State; Z | ip Code | | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the to | op of this schedul | | | outside of Texas. Com TX, officeholder living | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name di | | e sought Itgomery Co | Pct Chair (| Office h | eld |
| Date | Payee name | 9 | | | | | |
| | (see previo | ous) | | | | | |
| Amount (\$) | Payee addro | ess; City; | State; Z | ip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the to | op of this schedul | | | outside of Texas. Com TX, officeholder living | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name ephanie | | e sought Itgomery Co | Pct Chair (| Office h | eld |
| Date | Payee name (see previo | | | | | | |
| Amount (\$) | Payee addro | ess; City; | State; Z | ip Code | | | |
| Expenditure from corporate funds | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the to | op of this schedul | | | outside of Texas. Com TX, officeholder living | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name | | e sought | | Office h | eld |
| | ^H Sandmann, | Mary | Mor | tgomery Co | Pct Chair 6 | 66 | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Ol Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr I Committee Legal Services Sa | an Repayment/Reimbursement fice Overhead/Rental Expense Iling Expense nting Expense Iaries/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 hov | · · · · · · · · · · · · · · · · · · · | | | | |
| 1 Total pages Schedule F1: | | 3 | Filer ID (Ethics Commission Filers) | | | |
| Sch: 107/109 Rpt: | Texans for Opportunity & Prosperity PAC | | 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) | 6 Amount (\$) 7 Payee address; City; State; Zip Code | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | Check if travel out | side of Texas. Complete Schedule T. X, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | e sought Itgomery Co Pct Chair 69 | Office held | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Z | ip Code | | | | |
| Expenditure from corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | Check if travel out | side of Texas. Complete Schedule T. K, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | e sought htgomery Co Pct Chair 74 | Office held 1 | | | |
| Date | Payee name | | | | | |
| | (see previous) | | | | | |
| Amount (\$) | Payee address; City; State; Z | ip Code | | | | |
| corporate funds | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | Check if travel out | side of Texas. Complete Schedule T. K, officeholder living expense | | | |
| Complete ONLY if direct | Candidate/Officeholder name Offic | e sought | Office held | | | |
| expenditure to benefit C/O | | tgomery Co Pct Chair 87 | | | | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|--|--|------------------------|--|---------------------|---|-----|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | C P Pense P S | oan Repayment/Reimt ffice Overhead/Rental olling Expense rinting Expense alaries/Wages/Contrac w to complete this | Expense ct Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAM | IE | | | | 3 Filer ID (Ethics Commission Filer | rs) |
| Sch: 108/109 Rpt: | Texans for | Opportunity & Pros | perity PAC | | | 00085328 | |
| 4 Date | 5 Payee name | e | | | • | | |
| | (see previo | | | | | | |
| 6 Amount (\$) | Amount (\$) 7 Payee address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| Expenditure from corporate funds | | | | | | | |
| 8 PURPOSE OF | (a) Category (| See Categories listed at the to | op of this schedu | · | | | |
| EXPENDITURE | | | | | | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONIL V if direct | Candidata/Of | ficeholder name | Offi | ce sought | | Office held | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | | | ntgomery Co P | ct Chair 9 | | |
| Date | Payee name | 9 | | | | | |
| (see previous) | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | |
| Expenditure from corporate funds | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the to | op of this schedu | | neck if travel o | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct | Candidate/Of | ficeholder name | Offi | ce sought | | Office held | |
| expenditure to benefit C/O | ^H Kellum, Sta | су | Мо | ntgomery Co P | ct Chair 2 | 102 | |
| Date | Payee name (see previo | | | | | | |
| Amount (\$) | Payee addr | ess; City; | State; 2 | Zip Code | | | |
| Expenditure from corporate funds | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (| See Categories listed at the to | op of this schedu | Ch | neck if travel o | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| | | | | | | | |
| Complete <u>ONLY</u> if direct | | ficeholder name | | ce sought | | Office held | |
| expenditure to benefit C/O | H Parada, Ch | arlie | Мо | ntgomery Co P | ct Chair 2 | 105 | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|--|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 109/109 Rpt: | Texans for Opportunity & Prosperity P | AC | 00085328 | | | |
| 4 Date | 5 Payee name (see previous) | | | | | |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code | | | | | | |
| Expenditure from corporate funds | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | Check if travel ou | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Office sought Montgomery Co Pct Chair 1 | Office held L09 | | | |
| Date | Payee name (see previous) | | | | | |
| Amount (\$) | Payee address; City; State | ; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch | Check if travel ou | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder nameOffice soughtOffice heldHOtis, HomerMontgomery Co Pct Chair 111 | | | | | |
| Date | Payee name | | | | | |
| 03/11/2024 | ROSS FISCHER LAW, PLLC | | | | | |
| Amount (\$) \$900.00 | Payee address; City; State 430 OLD FITZHUGH NO 7 DRIPPING SPRINGS, TX 78620 | ; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sch Legal Services | Check if travel ou | utside of Texas. Complete Schedule T. TX, officeholder living expense ing | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Office sought | Office held | | | |
| | | | | | | |

| | RRED OBLIGATIONS | 6 | SCHEDULE F2 |
|---|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp al Committee Legal Services | CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 1/17 Rpt: | 2 FILER NAME Texans for Opportunity & Pros | sperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBL | LIGATIONS | \$ |
| 5 Date 03/06/2024 | 6 Payee name Drive Public Affairs | | • |
| 7 Amount (\$) \$484.25 | 8 Payee address; City; 117 N Saint Asaph St. Alexandria, VA 22314 | State; Zip Code | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the ta Advertising Expense | Check if trave | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense igital Voter Contact |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Christ, Bryan | Office sought County Party Chair | Office held County Party Chair |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; | State; Zip Code | |
| Expenditure from corporate funds | | | |
| TYPE OF EXPENDITURE | Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the tr | Check if trave | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Ray, Barbara | Office sought Montgomery Co Pct Chair | Office held r 1 |
| | | | |

| | RRED OBLIGATIONS | SCHEDULE F2 |
|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 2/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Robinson, Tom Montgomery Co Pct Chair : | Office held 17 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | butside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H Hodges, Roberta Montgomery Co Pct Chair 2 | Office held 24 |
| | | |

| UNPAID INCU | RRED OBLIGATIONS | SCHEDULE F2 |
|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 3/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Lynch, Wendy Montgomery Co Pct Chair | Office held 25 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought ¹ Adams, Suzanne Montgomery Co Pct Chair | Office held 31 |
| | | |

| | RRED OBLIGATIONS | SCHEDULE F2 |
|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 4/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Thomas, Judi Montgomery Co Pct Chair 6 | Office held 60 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | butside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ¹ Johnson, Stephanie Montgomery Co Pct Chair 6 | Office held 63 |
| | | |

| UNPAID INCU | RRED OBLIGATIONS | SCHEDULE F2 |
|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 5/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Sandmann, Mary Montgomery Co Pct Chair | Office held 66 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ¹ Truesdale, Pat Montgomery Co Pct Chair | Office held 69 |
| | | |

| UNPAID INCU | RRED OBLIGATIONS | SCHEDULE F2 |
|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 6/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Martin, Kenny Montgomery Co Pct Chair | Office held 74 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | butside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought ¹ Peltier, Jeff Montgomery Co Pct Chair 8 | Office held 87 |
| | | |

| | RRED OBLIGATIONS | SCHEDULE F2 |
|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 7/17 Rpt: | | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H Thigpen, Randy Montgomery Co Pct Chair | Office held 97 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H Kellum, Stacy Montgomery Co Pct Chair | Office held 102 |
| | | |

| | RRED OBLIGATIONS | SCHEDULE F2 |
|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 8/17 Rpt: | | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H Parada, Charlie Montgomery Co Pct Chair | Office held 105 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H Medved, Mike Montgomery Co Pct Chair | Office held 109 |
| | | |

| UNPAID INCU | RRED OBLIGATION | 6 | | SCHEDULE F2 |
|--|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Ex | Office Ov Polling E pense Printing E Salaries/ | bayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 9/17 Rpt: | 2 FILER NAME Texans for Opportunity & Pro | sperity PAC | | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OB | LIGATIONS | | \$ |
| 5 Date | 6 Payee name (see previous) | | | |
| 7 Amount (\$) | 8 Payee address; City; | State; Zip C | ode | |
| Expenditure from corporate funds | | | | |
| 9 TYPE OF EXPENDITURE | Political | Non-Po | litical | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the | top of this schedule) | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name ^H Otis, Homer | Office so Montgor | ught nery Co Pct Chair | Office held 111 |
| Date 03/06/2024 | Payee name Drive Public Affairs | | | |
| Amount (\$) \$502.13 | Payee address; City; 117 N Saint Asaph St. | State; Zip C | ode | |
| Expenditure from corporate funds TYPE OF | Alexandria, VA 22314 | | | |
| EXPENDITURE | X Political | Non-Po | . | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the Advertising Expense | top of this schedule) | Check if Austin | outside of Texas. Complete Schedule T. a, TX, officeholder living expense igital Voter Contact |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name H Christ, Bryan | Office so County I | ught Party Chair | Office held County Party Chair |
| | | | | |

| | RRED OBLIGATIONS | SCHEDULE F2 |
|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 10/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H Ray, Barbara Montgomery Co Pct Chair | Office held 1 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H Robinson, Tom Montgomery Co Pct Chair | Office held 17 |
| | | |

| | RRED OBLIGATIONS | SCHEDULE F2 |
|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 11/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Hodges, Roberta Montgomery Co Pct Chair 2 | Office held 24 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H Lynch, Wendy Montgomery Co Pct Chair 2 | Office held 25 |
| | | |

| | RRED OBLIGATIONS | SCHEDULE F2 |
|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 12/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Adams, Suzanne Montgomery Co Pct Chair | Office held 31 |
| Date | Payee name (see previous) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H Thomas, Judi Montgomery Co Pct Chair | Office held 60 |
| | | |

| | RRED OBLIGATIONS | | SCHEDULE F2 |
|--|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense al Committee Legal Services | EGORIES FOR BOX 10(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) |
| 1 Total pages Schedule F2: Sch: 13/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperi | ty PAC | 3 Filer ID (Ethics Commission Filers) 00085328 |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGA | ATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | | |
| 7 Amount (\$) | 8 Payee address; City; S | State; Zip Code | |
| Expenditure from corporate funds | | | |
| 9 TYPE OF EXPENDITURE | Political | Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of th | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Johnson, Stephanie | Office sought Montgomery Co Pct Chair | Office held 63 |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; S | State; Zip Code | |
| Expenditure from corporate funds | | | |
| TYPE OF EXPENDITURE | Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of th | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Sandmann, Mary | Office sought Montgomery Co Pct Chair | Office held 66 |
| | | | |

| | RRED OBLIGATIONS | SCHEDULE F2 | |
|---|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F2: Sch: 14/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 | |
| ⁴ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ | |
| 5 Date | 6 Payee name (see previous) | | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Truesdale, Pat Montgomery Co Pct Chair | Office held 69 | |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| Expenditure from corporate funds | | | |
| TYPE OF EXPENDITURE | Political Non-Political | | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OHCandidate/Officeholder name Martin, KennyOffice soughtOffice heldMartin, KennyMontgomery Co Pct Chair 74 | | | |
| | | | |

| | RRED OBLIGATIONS | SCHEDULE F2 | |
|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F2: Sch: 15/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 | |
| ⁴ TOTAL OF UNITEMI | ZED UNPAID INCURRED OBLIGATIONS | \$ | |
| 5 Date | 6 Payee name (see previous) | | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | | |
| 10 PURPOSE OF EXPENDITURE | | butside of Texas. Complete Schedule T. TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^I Peltier, Jeff Montgomery Co Pct Chair 8 | Office held 87 | |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| Expenditure from corporate funds | | | |
| TYPE OF EXPENDITURE | Political Non-Political | | |
| PURPOSE OF EXPENDITURE | | butside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Thigpen, Randy Montgomery Co Pct Chair 97 | | | |
| | | | |

| | RRED OBLIGATIONS | SCHEDULE F2 | |
|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F2: Sch: 16/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prosperity PAC | 3 Filer ID (Ethics Commission Filers) 00085328 | |
| ⁴ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ | |
| 5 Date | 6 Payee name (see previous) | | |
| 7 Amount (\$) Expenditure from corporate funds | 8 Payee address; City; State; Zip Code | | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | | |
| 10 PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Kellum, Stacy Montgomery Co Pct Chair | Office held 102 | |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| Expenditure from corporate funds | | | |
| TYPE OF EXPENDITURE | Political Non-Political | | |
| PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OHCandidate/Officeholder name Parada, CharlieOffice soughtOffice heldMontgomery Co Pct Chair 105 | | | |
| | | | |

| | RRED OBLIGATIONS | | SCHEDULE F2 |
|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expens al Committee Legal Services | TEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor xplains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2: Sch: 17/17 Rpt: | 2 FILER NAME Texans for Opportunity & Prospe | 3 Filer ID (Ethics Commission Filers) 00085328 | |
| ⁴ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | GATIONS | \$ |
| 5 Date | 6 Payee name (see previous) | | |
| 7 Amount (\$) | 8 Payee address; City; | State; Zip Code | |
| Expenditure from corporate funds | | | |
| 9 TYPE OF EXPENDITURE | Political | Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Medved, Mike | Office sought Montgomery Co Pct Chair | Office held 109 |
| Date | Payee name (see previous) | | |
| Amount (\$) | Payee address; City; | State; Zip Code | |
| Expenditure from corporate funds | | | |
| TYPE OF EXPENDITURE | Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name ^H Otis, Homer | Office sought Montgomery Co Pct Chair | Office held 111 |
| | | | |