#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086595 3 COMMITTEE NAME **OFFICE USE ONLY** Patriot Mobile Action Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 401 N Carroll Ave Suite 425 Date Hand-delivered or Date Postmarked Change of Address Southlake, TX 76092 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steve NAME NICKNAME LAST **SUFFIX** Martin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 N Carroll Ave Suite 425 STREET **ADDRESS** (Residence or Business) Southlake, TX 76092 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (301) 654-3220 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 04/24/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Patriot Mobile Action			00086595	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Tammy Nakamura		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	38,089.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	21,287.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	58,951.34
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Ste	ve Martin	
		Signature of Ca	mpaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		-
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of office	er administering oath

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

					3 of 19
l		EE NAME Ibile Action	<b>18</b> Filer ID 00086595	(Ethics Comm	ission Filers)
<b>19</b> SCI	HEDULI	SUBTOTALS		CURTOT	AL AMOUNT
NAM	ME OF	SCHEDULE		308101	AL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,090.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	25,999.11
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	21,287.79
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	25.00
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/19	
2	FILER NAME Patriot Mobil			3	Filer ID (Ethics Commission 00086595	ı Filers)
4	Date 04/24/2025	_ `		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	TX pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  Denzel, Colin  Contributor address; City; State; Zip Code  Singen Baden-Wurttemberg 78224 Germany			Amount of Contribution (\$)	\$10.00	
Principal occupation / Job title (See Instructions)  Maintenence Technician  ELGO		Employer (See Instructions ELGO	)			
	Date Full name of contributor out-of-state PAC (ID#:)  04/28/2025 FRENCH, TERESA  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Drive in all account	IDYLLWILD, CA 92549	Fandayar (Coo Instructions			
	retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_FRENCH, TERESA  Contributor address; City; State; Zip Code  IDYLLWILD, CA 92549	)		Amount of Contribution (\$)	\$5.00
Principal occupation / Job title (See Instructions)  retired  Employer (See Instructions)  retired		Employer (See Instructions retired	)			
Date Full name of contributor out-of-state PAC (ID#:)  06/28/2025 FRENCH, TERESA  Contributor address; City; State; Zip Code  IDYLLWILD, CA 92549			Amount of Contribution (\$)	\$5.00		
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/19	
2	FILER NAME Patriot Mobil			3	Filer ID (Ethics Commission 00086595	Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Kam, Jason  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00	
_	Dringing! goog	Salem, OR 97306	Continue (Continue in the Continue in the Cont			
8	Mechanic	pation / Job title (See Instructions)	9 Employer (See Instructions SAMTD	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/12/2025 Kam, Jason  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
	Principal occu	Salem, OR 97306  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Mechanic	pation 7 oob tale (eee motidations)	SAMTD	,		
	Date Full name of contributor out-of-state PAC (ID#:) 05/28/2025 PARKER, GREGG  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		Santee, CA 92071				
	Principal occu Site Support	pation / Job title (See Instructions) : Analyst	Employer (See Instructions Sharp Healthcare	)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/28/2025 PARKER, GREGG  Contributor address; City; State; Zip Code  Santee, CA 92071				Amount of Contribution (\$)	\$10.00
	Principal occu Site Support	pation / Job title (See Instructions)	Employer (See Instructions Sharp Healthcare	)		
Date Full name of contributor out-of-state PAC (ID#:)  06/28/2025 PARKER, GREGG  Contributor address; City; State; Zip Code  Santee, CA 92071			Amount of Contribution (\$)	\$10.00		
	Principal occu Site Support	pation / Job title (See Instructions) : Analyst	Employer (See Instructions Sharp Healthcare	)		

	MONET	TARY POLITICAL CON	ITRIBUTION	NS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this for	m.	1	jes Schedule A1:	
2	FILER NAME					(Ethics Commission	on Filers)
4				7 Amount o	of Contribution (\$)	\$6,000.00	
		Grapevine, TX 76051					
8	Principal occu	upation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 06/16/2025	Full name of contributor ou patriot Mobile LLC  Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code	)	Amount o	of Contribution (\$)	\$6,000.00
		Grapevine, TX 76051					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/19 FILER NAME 3 Filer ID (Ethics Commission Filers) Patriot Mobile Action 00086595 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 04/30/2025 Patriot Mobile LLC \$8,666.37 | Administrative Costs 7 Contributor address; City; State; Zip Code Grapevine, TX 76051 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 05/30/2025 Patriot Mobile LLC \$8,666.37 | Administrative Costs Contributor address; City; State; Zip Code Grapevine, TX 76051 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL)

Continuators	employernaw mm (i OK SODICIAL)	Law IIIII of Contributo	of a spouse (if any) (if of a sobletice)					
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Patriot Mobile LLC  Contributor address; City; State; Zip Code		Amount of contribution (\$) description \$8,666.37   Administrative Costs					
	Grapevine, TX 76051		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

Contributor's job title (FOR JUDICIAL)

Law firm of contributor's shouse (if any) (EOD ILIDICIAL)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's employer/law firm (EOD 1LIDICIAL)

(See instructions)

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/11 Rpt: 8/19	2 FILER NAME Patriot Mobile Action 3 Filer ID (Ethics Commission Filers) 00086595
4 Date	5 Payee name
05/01/2025	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.10	5555 Hilton Ave
, = . = .	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	E-Merchant Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
05/01/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$0.08	5555 Hilton Ave
Expenditure from	Suite 106
corporate funds	Baton Rouge, LA 70808
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	E-Merchant Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/15/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$0.47	5555 Hilton Ave
Expenditure from	Suite 106
corporate funds	Baton Rouge, LA 70808
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	E-Merchant Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/11 Rpt: 9/19	Patriot Mobile Action	00086595
4 Date	5 Payee name	
05/15/2025	Anedot	
6 Amount (\$) \$0.03	<b>7</b> Payee address; City; State; Zip Co 5555 Hilton Ave	de
Ψ0.03	Suite 106	
Expenditure from corporate funds	Baton Rouge, LA 70808	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense  E-Merchant Fee
		L-Meichant Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
05/23/2025	Anedot	
Amount (\$)	Payee address; City; State; Zip Co	de
\$0.73	5555 Hilton Ave	
Expenditure from	Suite 106	
corporate funds	Baton Rouge, LA 70808	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		E-Merchant Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
Date 05/23/2025	Payee name Anedot	
		do
Amount (\$) \$0.05	Payee address; City; State; Zip Co 5555 Hilton Ave	ue
40.00	Suite 106	
Expenditure from corporate funds	Baton Rouge, LA 70808	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
_/		Check if Austin, TX, officeholder living expense  E-Merchant Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	1	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/11 Rpt: 10/19	Patriot Mobile Action 00086595
4 Date	5 Payee name
06/02/2025	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.10	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  E-Merchant Fee
	E Merenant ee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	the state of the s
Date	Payee name
06/02/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$0.08	5555 Hilton Ave
ψ0.00	Suite 106
Expenditure from	
corporate funds	Baton Rouge, LA 70808
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas, Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	E-Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/16/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$0.47	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	E-Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ere	·

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
Sch: 4/11 Rpt: 11/19	Patriot Mobile Action	00086595
4 Date	5 Payee name	•
06/16/2025	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.03	5555 Hilton Ave	
	Suite 106	
Expenditure from corporate funds	Baton Rouge, LA 70808	
8 PURPOSE OF	,	) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-Merchant Fees
Complete ONLY if direct expenditure to benefit C/Ol	L L Candidate/Officeholder name Office sought H	t Office held
Date	Payee name	
05/07/2025	Bluestone Creative	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,025.00	1501 Hall Johnson Rd #123	
+ ·,o=0:-:	1001 (1011) 0011110011 (1011)	
Expenditure from corporate funds	Cooleyville, TX 76034	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Design Consulting
		200igii 202ag
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/OI	<del></del>	
Date	Payee name	
06/10/2025	Bluestone Creative	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,000.00	1501 Hall Johnson Rd #123	
E constitue de finance		
Expenditure from corporate funds	Cooleyville, TX 76034	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
LAI LIIDITORE		Check if Austin, TX, officeholder living expense
		Political Consulting
2 Li ONII Vitalian et	000	o" hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held
- r		

### SCHEDULE F1

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

Fees Office
Food/Beverage Expense Pollin
Gift/Awards/Memorials Expense Printi
Legal Services Salar

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 5/11 Rpt: 12/19	Patriot Mobile Action	00086595
4 Date	5 Payee name	
04/29/2025	CFS Compliance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,775.00	PO Box 30844	
Expenditure from corporate funds	Bethesda, MD 20824	
8 PURPOSE	, -	Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Compliance Consulting
		Compilation Companient
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
5 .		
Date	Payee name	
05/07/2025	CFS Compliance	
Amount (\$)	Payee address; City; State; Zip Code	
\$63.94	PO Box 30844	
Evnanditura from		
Expenditure from corporate funds	Bethesda, MD 20824	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	7	
Date	Payee name	
05/29/2025	CFS Compliance	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,775.00	PO Box 30844	
Expenditure from corporate funds	Bethesda, MD 20824	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Server g = period	Check if Austin, TX, officeholder living expense
		Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	4	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor

.,	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt: 13/19	Patriot Mobile Action	00086595
4 Date	5 Payee name	
06/06/2025	CFS Compliance	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$3,000.00	PO Box 30844	
Expenditure from corporate funds	Bethesda, MD 20824	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Compliance Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		
Date	Payee name	
05/28/2025	Lex Politica PLLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$71.50	PO Box 341016	
Expenditure from corporate funds	Austin, TX 78734	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Legal Consulting
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		
Date	Payee name	
06/27/2025	Lex Politica PLLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$150.00	PO Box 341016	
Expenditure from corporate funds	Austin, TX 78734	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Legal Consulting
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	H	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/11 Rpt: 14/19	Patriot Mobile Action	00086595
4 Date	5 Payee name	-
05/14/2025	PEX	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$4.00	462 7th Avenue	
— Funcionalitura from	21st Floor	
Expenditure from corporate funds	New York, NY 10018	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Card Fee
		Calu Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	L Dught Office held
expenditure to benefit C/OI		Aug. 11
Date	Davis name	
06/11/2025	Payee name PEX	
Amount (\$)	Payee address; City; State; Zip C	Parla
\$4.00	462 7th Avenue	Joue
Ψ4.00	21st Floor	
Expenditure from		
corporate funds	New York, NY 10018	Tax
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		Card Fee
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	1	
Date	Payee name	
04/25/2025	Remington Research Group	
Amount (\$)	Payee address; City; State; Zip C	Code
\$682.80	800 W 47th St	
- Funanditura from	Ste 200	
Expenditure from corporate funds	Kansas City, MO 64112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
_/		Check if Austin, TX, officeholder living expense GOTV Text
		GOTV TEXT
Complete ONLY if direct	Candidate/Officeholder name Office so	L Dught Office held
expenditure to benefit C/O	1	Place 3 Place Place 3
	, , , , , , , , , , , , , , , , , , , ,	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: Sch: 8/11 Rpt: 15/19	FILER NAME     Patriot Mobile Action	3 Filer ID (Ethics Commission Filers) 00086595
4 Date 05/02/2025	5 Payee name Remington Research Group	
6 Amount (\$) \$689.12  Expenditure from corporate funds  8 PURPOSE OF	7 Payee address; City; State; Zip ( 800 W 47th St Ste 200 Kansas City, MO 64112  (a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense GOTV Text Message
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so Nakamura, Tammy GCISD	ought Office held Place 3 Place Place 3
Date 05/02/2025	Payee name Remington Research Group	
Amount (\$) \$675.76  Expenditure from corporate funds	Payee address; City; State; Zip ( 800 W 47th St Ste 200 Kansas City, MO 64112	Code
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  GOTV Text Message
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office solution Nakamura, Tammy GCISD	ought Office held Place 3 Place 9
Date 05/03/2025	Payee name Remington Research Group	
Amount (\$) \$689.12  Expenditure from corporate funds	Payee address; City; State; Zip ( 800 W 47th St Ste 200 Kansas City, MO 64112	Code
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  GOTV Text Message
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so Nakamura, Tammy GCISD	ought Office held Place 3 Place Place 3

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/11 Rpt: 16/19	Patriot Mobile Action 00086595
4 Date	5 Payee name
05/20/2025	Remington Research Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$850.00	800 W 47th St
	Ste 200
Expenditure from corporate funds	Kansas City, MO 64112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Public Outreach Text Message
	Tubilo Guileach Text Message
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/20/2025	Remington Research Group
Amount (\$)	Payee address; City; State; Zip Code
\$416.08	800 W 47th St
	Ste 200
Expenditure from corporate funds	Kansas City, MO 64112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Public Outreach Text Message
	Tubile Guireach Text Wessage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/20/2025	Remington Research Group
Amount (\$)	Payee address; City; State; Zip Code
\$391.12	800 W 47th St
	Ste 200
Expenditure from corporate funds	Kansas City, MO 64112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Public Outreach Text Message
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/11 Rpt: 17/19	Patriot Mobile Action 00086595
4 Date	5 Payee name
06/03/2025	Remington Research Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,927.04	800 W 47th St
	Ste 200
Expenditure from corporate funds	Kansas City, MO 64112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Public Outreach Text Messages
	Tubilo Guiloudii Toxi Mossuges
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/25/2025	Shutterstock
Amount (\$)	Payee address; City; State; Zip Code
\$31.39	350 Fifth Ave
	21st Floor
Expenditure from corporate funds	New York, NY 10004
PURPOSE	(a) a
OF	Category (See Categories listed at the top of this schedule)  Fees  CD Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/25/2025	Shutterstock
Amount (\$)	Payee address; City; State; Zip Code
\$31.39	350 Fifth Ave
	21st Floor
Expenditure from corporate funds	New York, NY 10004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Committee	Gift/Awards/Memorials Expe Legal Services  The Instruction Guide	Salaries/	Expense Wages/Contract Labor	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: 11/11 Rpt: 18/19	Patriot Mobi	le Action			00086595	
4	Date	<b>5</b> Payee name					
	06/25/2025	Shutterstock	(				
6	Amount (\$)	7 Payee addres	s; City;	State; Zip C	ode		
	\$31.39	350 Fifth Av	е				
		21st Floor					
	Expenditure from corporate funds	New York, N	IY 10004				
8	PURPOSE				(b) Description		
ľ	OF	Fees	e Categories listed at the to	p of this schedule)		el outside of Texas. Complete Schedule T.	
	EXPENDITURE	rees				in, TX, officeholder living expense	
l					Software Fe	e	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	ceholder name	Office so	ught	Office held	

AL EXPENDITURES POLITICAL CONTRIBUTIONS
The Instruction Guide explains how to complete this form.
2 FILER NAME Patriot Mobile Action 3 Filer ID (Ethics Commission Filers) 00086595
5 Payee name Texas Gun Rights
7 Payee Address; City; State; Zip PO Box 1776 Weatherland, TX 76086
(a) Category (See instructions for examples of acceptable categories)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description (See instructions regarding type of information required.)  Donation of Anonymous Contributions