

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016690	2 Total pages filed: 43
3 COMMITTEE NAME Texas Funeral Directors Assn. PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4419 Frontier Trail #108  Austin, TX 78745		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Harvey NICKNAME LAST SUFFIX Hilderbran		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 226 Canyon Creek Lane  Kerrville, TX 78028		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 226 Canyon Creek Lane  Kerrville, TX 78028		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 796-7951		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Funeral Directors Assn. PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016690
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,950.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,728.25
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 97,321.10
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Harvey Hilderbran

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 43

<b>17 COMMITTEE NAME</b> Texas Funeral Directors Assn. PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00016690
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,950.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,728.25
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/37 Rpt: 4/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Director		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/37 Rpt: 5/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  DeKalb, TX 75559	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Director		<b>9</b> Employer (See Instructions) Bates Family Funeral Home
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.) <hr/> Contributor address; City; State; Zip Code  DeKalb, TX 75559	Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.) <hr/> Contributor address; City; State; Zip Code  DeKalb, TX 75559	Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.) <hr/> Contributor address; City; State; Zip Code  DeKalb, TX 75559	Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.) <hr/> Contributor address; City; State; Zip Code  DeKalb, TX 75559	Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/37 Rpt: 6/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Winnsboro, TX 75494	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.) <hr/> Contributor address; City; State; Zip Code  Winnsboro, TX 75494	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.) <hr/> Contributor address; City; State; Zip Code  Winnsboro, TX 75494	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.) <hr/> Contributor address; City; State; Zip Code  Winnsboro, TX 75494	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.) <hr/> Contributor address; City; State; Zip Code  Winnsboro, TX 75494	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/37 Rpt: 7/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Mineola, TX 75773	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.) Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.) Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.) Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.) Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/37 Rpt: 8/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cibolo, TX 78108	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.) <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/37 Rpt: 9/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.) Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/37 Rpt: 10/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.) Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.) Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.) Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.) Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/37 Rpt: 11/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.) <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.) <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.) <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.) <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/37 Rpt: 12/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.) <b>6</b> Contributor address; City; State; Zip Code  San Juan, TX 78589	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/37 Rpt: 13/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.) <b>6</b> Contributor address; City; State; Zip Code  San Juan, TX 78589	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/37 Rpt: 14/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.) <b>6</b> Contributor address; City; State; Zip Code  San Juan, TX 78589	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Leon (Mr.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/37 Rpt: 15/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Juan, TX 78589	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.) <hr/> Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.) <hr/> Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.) <hr/> Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Velma (Ms.) <hr/> Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/37 Rpt: 16/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77903	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.) Contributor address; City; State; Zip Code  Victoria, TX 77903	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.) Contributor address; City; State; Zip Code  Victoria, TX 77903	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.) Contributor address; City; State; Zip Code  Mineola, TX 77903	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.) Contributor address; City; State; Zip Code  Mineola, TX 77903	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/37 Rpt: 17/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75234	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Director		<b>9</b> Employer (See Instructions) Park Lawn Corp
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.) Contributor address; City; State; Zip Code  Dallas, TX 75234	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.) Contributor address; City; State; Zip Code  Dallas, TX 75234	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.) Contributor address; City; State; Zip Code  Dallas, TX 75234	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.) Contributor address; City; State; Zip Code  Dallas, TX 75234	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/37 Rpt: 18/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Director		<b>9</b> Employer (See Instructions) Harrell Funeral Home
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.) Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.) Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.) Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.) Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/37 Rpt: 19/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Sales		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/37 Rpt: 20/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75067	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Supply Sales		<b>9</b> Employer (See Instructions) In Loving Memory
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75067	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75067	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75067	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75067	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/37 Rpt: 21/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  xxxx, TX 12345	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Home		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  xxxx, TX 12345	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Home		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  xxxx, TX 12345	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Home		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  xxxx, TX 12345	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Home		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  xxxx, TX 12345	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Home		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/37 Rpt: 22/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Ennis, TX 75120	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) Contributor address; City; State; Zip Code  Ennis, TX 75120	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) Contributor address; City; State; Zip Code  Ennis, TX 75120	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) Contributor address; City; State; Zip Code  Ennis, TX 75120	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) Contributor address; City; State; Zip Code  Ennis, TX 75120	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/37 Rpt: 23/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/37 Rpt: 24/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ballinger, TX 76821	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.) <hr/> Contributor address; City; State; Zip Code  Ballinger, TX 76821	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.) <hr/> Contributor address; City; State; Zip Code  Ballinger, TX 76821	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.) <hr/> Contributor address; City; State; Zip Code  Ballinger, TX 76821	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.) <hr/> Contributor address; City; State; Zip Code  Ballinger, TX 76821	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/37 Rpt: 25/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Texas City, TX 77592	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.) Contributor address; City; State; Zip Code  Texas City, TX 77592	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.) Contributor address; City; State; Zip Code  Texas City, TX 77592	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.) Contributor address; City; State; Zip Code  Texas City, TX 77592	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.) Contributor address; City; State; Zip Code  Texas City, TX 77592	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/37 Rpt: 26/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Quitman, TX 75783	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.) Contributor address; City; State; Zip Code  Quitman, TX 75783	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.) Contributor address; City; State; Zip Code  Quitman, TX 75783	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.) Contributor address; City; State; Zip Code  Quitman, TX 75783	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.) Contributor address; City; State; Zip Code  Quitman, TX 75783	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/37 Rpt: 27/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hurst, TX 76053	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Director		<b>9</b> Employer (See Instructions) North Texas Funeral Homes
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.) <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76053	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.) <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76053	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.) <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76053	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.) <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76053	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/37 Rpt: 28/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76134	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Director		<b>9</b> Employer (See Instructions) Lucas Funeral Homes
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76134	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76134	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76134	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76134	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/37 Rpt: 29/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75216	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75216	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75216	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75216	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75216	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/37 Rpt: 30/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.) <b>6</b> Contributor address; City; State; Zip Code  San Juan, TX 78589	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.) Contributor address; City; State; Zip Code  San Juan, TX 78589	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/37 Rpt: 31/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 76222	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 76222	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 76222	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 76222	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 76222	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/37 Rpt: 32/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75232	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly Contributor address; City; State; Zip Code  Dallas, TX 75232	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly Contributor address; City; State; Zip Code  Dallas, TX 75232	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly Contributor address; City; State; Zip Code  Dallas, TX 75232	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly Contributor address; City; State; Zip Code  Dallas, TX 75232	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/37 Rpt: 33/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77045	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) Contributor address; City; State; Zip Code  Houston, TX 77045	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) Contributor address; City; State; Zip Code  Houston, TX 77045	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) Contributor address; City; State; Zip Code  Houston, TX 77045	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.) Contributor address; City; State; Zip Code  Houston, TX 77045	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/37 Rpt: 34/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79107	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79107	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79107	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79107	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79107	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/37 Rpt: 35/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Wolfe City, TX 75496	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.) Contributor address; City; State; Zip Code  Wolfe City, TX 75496	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.) Contributor address; City; State; Zip Code  Wolfe City, TX 75496	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.) Contributor address; City; State; Zip Code  Wolfe City, TX 75496	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.) Contributor address; City; State; Zip Code  Wolfe City, TX 75496	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/37 Rpt: 36/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Clarendon, TX 79226	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Director		<b>9</b> Employer (See Instructions) Robertson Funeral Directors
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.) <hr/> Contributor address; City; State; Zip Code  Clarendon, TX 79226	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.) <hr/> Contributor address; City; State; Zip Code  Clarendon, TX 79226	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.) <hr/> Contributor address; City; State; Zip Code  Clarendon, TX 79226	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.) <hr/> Contributor address; City; State; Zip Code  Clarendon, TX 79226	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/37 Rpt: 37/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 03/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCI PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77219-5141	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Sterling City, TX 76951	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Sterling City, TX 76951	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Sterling City, TX 76951	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.) <hr/> Contributor address; City; State; Zip Code  Sterling City, TX 76951	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/37 Rpt: 38/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Sterling City, TX 76951	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.) Contributor address; City; State; Zip Code  Tyler, TX 76703	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.) Contributor address; City; State; Zip Code  Tyler, TX 76703	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.) Contributor address; City; State; Zip Code  Tyler, TX 76703	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.) Contributor address; City; State; Zip Code  Tyler, TX 76703	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/37 Rpt: 39/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 76703	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Service		<b>9</b> Employer (See Instructions)
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/37 Rpt: 40/43
<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Funeral Director		<b>9</b> Employer (See Instructions) Legacy Funeral Group



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 41/43	<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 01/09/2025	<b>5</b> Payee name Strategic Association Management	
<b>6</b> Amount (\$) \$195.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3305 Steck Ave, #300  Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/17/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$100.10  <input type="checkbox"/> Expenditure from corporate funds	Payee name Strategic Association Management  Payee address; City; State; Zip Code 3305 Steck Ave, #300  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$100.20  <input type="checkbox"/> Expenditure from corporate funds	Payee name Strategic Association Management  Payee address; City; State; Zip Code 3305 Steck Ave, #300  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 42/43	<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 03/18/2025	<b>5</b> Payee name Strategic Association Management	
<b>6</b> Amount (\$) \$100.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3305 Steck Ave, #300  Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Strategic Association Management		
Amount (\$) \$212.45  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3305 Steck Ave, #300  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Strategic Association Management		
Amount (\$) \$100.10  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3305 Steck Ave, #300  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 43/43	<b>2</b> FILER NAME Texas Funeral Directors Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016690
<b>4</b> Date 05/16/2025	<b>5</b> Payee name Strategic Association Management	
<b>6</b> Amount (\$) \$100.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3305 Steck Ave, #300  Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name Strategic Association Management		
Amount (\$) \$120.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3305 Steck Ave, #300  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name VAN BIBBER, DEBBIE (Ms.)		
Amount (\$) \$700.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12609 Dessau Rd., Lot 519  Austin, TX 78754	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		