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) 00066799 3 COMMITTEE NAME **OFFICE USE ONLY Texas Patriots State PAC** Date Received **ELECTRONICALLY FILED** 07/02/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. BOX 130184 Date Hand-delivered or Date Postmarked The Woodlands, TX 77393 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Nancy NAME NICKNAME LAST **SUFFIX** Sievert STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2 South Floral Leaf Circle STREET **ADDRESS** (Residence or Business) The Woodlands, TX 77381 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2 South Floral Leaf Circle MAILING **ADDRESS** The Woodlands, TX 77381 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 206-0913 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** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Patriots State Pa	AC		00066799)
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,170.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,585.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	10,668.23
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Nancy	Sievert	
		Signature of Car	mpaign Treası	urer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
		, t	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 16
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission	n Filers)
l		riots State PAC	00066799	(
10 50	HEDIIII	E SUBTOTALS			
l		SCHEDULE		SUBTOTAL A	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,170.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		ORGANIZATION	\$		
9.			\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	983.59
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	601.53
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ν Ν 	IS .		SCHEDULE	E A1
	The Instruction Guide explains how to complete this form.				n.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/16	
2	FILER NAME Texas Patrio	ots State PAC				3	Filer ID (Ethics Commission 00066799	Filers)
4	Date 01/15/2025	Full name of contributorCook, GenaContributor address; City; St	out-of-state PAC (ID#:tate; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Lenoir, NC 28645 upation / Job title (See Instructions	<u>,</u>	9	Employer (See Instructions	(s)		
Ľ	Consultant		,	_	Self	,, 		
	Date Full name of contributor out-of-state PAC (ID#:) 02/15/2025 Cook, Gena Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00			
	Principal occu	Lenoir, NC 28645	.,		Employer (See Instructions	·/		
	Consultant	upation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/15/2025				Amount of Contribution (\$)	\$20.00		
		Lenoir, NC 28645						
	Principal occu Consultant	upation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 04/15/2025	Full name of contributor Cook, Gena Contributor address; City; St Lenoir, NC 28645					Amount of Contribution (\$)	\$20.00
	Principal occu Consultant	upation / Job title (See Instructions	.)		Employer (See Instructions	<u> </u>		
	Date 05/15/2025	Full name of contributor Cook, Gena Contributor address; City; St Lenoir, NC 28645	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00
	Principal occu Consultant	Lupation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/16	
2	FILER NAME Texas Patrio	ts State PAC			3	Filer ID (Ethics Commission 00066799	Filers)
4			7	Amount of Contribution (\$)	\$20.00		
8	Principal occu	Lenoir, NC 28645 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Consultant	,		Self	•		
	Date Full name of contributor out-of-state PAC (ID#:) 01/01/2025 Lawrence, Steven Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		The Woodlands, TX 77381					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_ Lawrence, Steven Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		The Woodlands, TX 77381					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Lawrence, Steven Contributor address; City; State; Zip Code The Woodlands, TX 77381				Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:) Lawrence, Steven Contributor address; City; State; Zip Code The Woodlands, TX 77381			Amount of Contribution (\$)	\$50.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	. (s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/16	
2	FILER NAME Texas Patrio	s State PAC			3	Filer ID (Ethics Commission 00066799	n Filers)
4	Date 05/06/2025	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$50.00	
8	Principal occur	The Woodlands, TX 77381 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ŭ	retired	sation, oob title (oce instructions)		retired	,,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/06/2025 Lawrence, Steven Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		The Woodlands, TX 77381					
	Principal occur retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 01/01/2025	Full name of contributor out-of-state PAC (ID#:_ O'Sullivan, William Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		The Woodlands, TX 77381					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/01/2025	Full name of contributor out-of-state PAC (ID#:_ O'Sullivan, William Contributor address; City; State; Zip Code The Woodlands, TX 77381)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date O'Sullivan, William Contributor address; City; State; Zip Code The Woodlands, TX 77381			Amount of Contribution (\$)	\$100.00		
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONEI	ARY POLITICAL CONTRIBUTION)NS			SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 4/5 Rpt: 7/16	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Patric	ts State PAC				00066799	
4	Date 04/01/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	The Woodlands, TX 77381	9 E	Employer (See Instructions			
0	Retired	pation / Job title (See Instructions)		Retired)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/01/2025 O'Sullivan, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		The Woodlands, TX 77381					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 06/01/2025	Full name of contributor)		Amount of Contribution (\$)	\$100.00
		The Woodlands, TX 77381					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#: Sievert, Nancy Contributor address; City; State; Zip Code The Woodlands, TX 77381				Amount of Contribution (\$)	\$25.00
	Principal occu Executive A	pation / Job title (See Instructions) dministrator		mployer (See Instructions he Woodlands Christia		Academy	
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#: Sievert, Nancy Contributor address; City; State; Zip Code The Woodlands, TX 77381)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions			
L	Executive A	dministrator	T	he Woodlands Christia	n /	Academy	

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/16	
2	FILER NAME Texas Patrio	ots State PAC		3 Filer ID (Ethics Commission Filers) 00066799
4	Date 03/13/2025	L		7 Amount of Contribution (\$) \$25.00
8	Principal occu	The Woodlands, TX 77381 pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Executive Administrator Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$) \$25.00	
	Date Full name of contributor out-of-state PAC (ID#:) 06/13/2025 Sievert, Nancy Contributor address; City; State; Zip Code The Woodlands, TX 77381		Amount of Contribution (\$) \$25.00	
	Principal occu	pation / Job title (See Instructions) dministrator	Employer (See Instructions The Woodlands Christia	
	Date 06/13/2025	Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$25.00
	Principal occu Executive Ac	The Woodlands, TX 77381 pation / Job title (See Instructions) dministrator	Employer (See Instructions The Woodlands Christia	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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: 1/5 Rpt: 9/16	Texas Patriots State PAC 00066799
4 Date	5 Payee name
01/02/2025	Capital One
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$47.00	P.O. Box 60519
Expenditure from	
corporate funds	City of Industry, CA 91716-0519
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense credit card payment
	Great card payment
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/02/2025	Capital One
	Payee address; City; State; Zip Code
Amount (\$) \$83.00	P.O. Box 60519
Φ03.00	P.O. BOX 00319
Expenditure from corporate funds	City of Industry, CA 91716-0519
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Credit Card Payment Credit Card Payment
EXPENDITORE	Check if Austin, TX, officeholder living expense
	credit card payment
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/02/2025	Capital One
Amount (\$)	Payee address; City; State; Zip Code
\$73.00	P.O. Box 60519
Expenditure from	
corporate funds	City of Industry, CA 91716-0519
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense credit card payment
	Gredit Card payment
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 10/16	Texas Patriots State PAC 00066799
4 Date	5 Payee name
04/02/2025	Capital One
6 Amount (\$) \$279.29	7 Payee address; City; State; Zip Code P.O. Box 60519
Expenditure from corporate funds	City of Industry, CA 91716-0519
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment
	Check if Austin, TX, officeholder living expense
	credit card payment
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/06/2025	Capital One
Amount (\$)	Payee address; City; State; Zip Code
\$108.24	P.O. Box 60519
Expenditure from corporate funds	City of Industry, CA 91716-0519
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2025	Capital One
Amount (\$)	Payee address; City; State; Zip Code
\$29.00	P.O. Box 60519
Expenditure from corporate funds	City of Industry, CA 91716-0519
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	credit card payment
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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: 3/5 Rpt: 11/16	Texas Patriots State PAC	00066799
4 Date	5 Payee name	
06/30/2025	Moonclerk	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$33.06	1040 W. Washington St.	
Expenditure from corporate funds	Greenville, SC 29601	
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 online contribution service fee
		Offilitie Contribution Service fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/Ol		Jugit Office Held
Date	Dayro nama	
03/01/2025	Payee name Moonclerk	
		Pada
Amount (\$) \$18.00	Payee address; City; State; Zip C 1040 W. Washington St.	.oue
\$10.00	1040 W. Washington St.	
Expenditure from	Croonville SC 20601	
corporate funds	Greenville, SC 29601	Lax
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	Accounting/Banking	Check if Austin, TX, officeholder living expense
		accounting software
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	П	
Date	Payee name	
03/29/2025	Moonclerk	
Amount (\$)	Payee address; City; State; Zip C	Code
\$18.00	1040 W. Washington St.	
Expenditure from		
corporate funds	Greenville, SC 29601	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense accounting software
		accounting soliware
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/Ol		Aug. 11. Office field
Forms provided by Tayas F	thics Commission www.athics state ty	Version V/A 1 0 f10d0fd9

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	d Committee	Legal Services The Instruction Guid	Salaries de explains how to c	-	s/Contract Labor ete this form.		OTHER (enter a	category not listed ab	oove)
1 Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
Sch: 4/5 Rpt: 12/16	1	iots State PAC					00066799		
4 Date	5 Payee name	2							
04/29/2025	Moonclerk								
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
\$18.00	1040 W. W	ashington St.							
Expenditure from corporate funds	Greenville	SC 29601							
8 PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description				
OF	Accounting		,		Check if travel o	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE					\Box		officeholder living	g expense	
					accounting so	oftw	are/		
9 Complete ONLY if direct		ficeholder name	Office so	ught			Office he	eld	
expenditure to benefit C/OI	Н								
Date	Payee name	<u>,</u>							
05/29/2025	Moonclerk								
Amount (\$)		occ: City:	State: 7in C	odo					
` '	Payee addr	-	State; Zip C	oue					
\$18.00	1040 W. W	ashington St.							
Expenditure from									
corporate funds	Greenville,	SC 29601							
PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITURE	Accounting				=			plete Schedule T.	
EXI ENDITORE					_		officeholder living	g expense	
					accounting so	NπC	are/		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
experiulture to beliefit C/OI									
Date	Payee name)							
06/29/2025	Moonclerk								
Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
\$18.00	1040 W. W	ashington St.							
, , , , ,		3							
Expenditure from	Croopyillo	SC 29601							
corporate funds				1					
PURPOSE OF		See Categories listed at the	top of this schedule)	(b)	Description		d4 T O	onless Colondale T	
EXPENDITURE	Accounting	J/Banking					officeholder living	plete Schedule T.	
					accounting so			у схропос	
							-		
Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	liapt			Office he	eld.	
expenditure to benefit C/OI		ncenduci name	Office SU	agrit			Onice III	uiu	

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 13/16	Texas Patriots State PAC	00066799
4 Date	5 Payee name	•
06/04/2025	USPS	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$226.00	10800 Gosling Rd.	
Expenditure from		
corporate funds	Spring, TX 77381	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Post Office Box Rental	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Post Office Box Rental
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O	Н	
Date	Payee name	
02/15/2025	Woodforest Bank	
Amount (\$)	Payee address; City; State; Zip	Code
\$15.00	P.O Box 7889	
- Cynonditure from		
Expenditure from corporate funds	The Woodlands, TX 77387	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Debit card set up fee
		Book said set up les
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 1/3 Rpt: 14/16	Texas Patriots State PAC				00066799				
4 CREDIT CARD ISSUER	Name of financial institution Capital One		EXPEND	SL OF UNITEMIZED SINDITURES RGED TO A CREDIT					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
Expenditure from corporate funds	\$29.00	06/02/2025							
7 PAYEE	(a) Payee name (b) Payee addi P.O. Box 605		ddress;	City,	State,	Zip Code			
			P.O. Box 6	60519					
			City of Industry, CA 91716-0519						
8 PURPOSE OF	(a) Category		(b) Descript						
EXPENDITURE X Political	litical Fees Credit card late lee			d late fee					
Non-Political				Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
Expenditure from corporate funds	\$18.00	01/02/2025							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	Moonclerk		1040 W. V	Vashington St.					
				Greenville, SC 29601					
PURPOSE OF	1,, 9,			ion					
EXPENDITURE X Political	(See Categories listed at the top Accounting/Banking	accounting software							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	TX, officeholder living expense				
Complete ONLY if direct				e sought Office held					
expenditure to benefit C/OH									
PAYMENT	AYMENT (a) Amount Charged (b) Date of Charge (c		(c) Date(s) Credit Card Issuer Paid						
Expenditure from corporate funds	\$29.00	01/02/2025							
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code		
	Aughar		1100 Manor Dr.						
	Aweber								
				PA 18914					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descript						
<u></u>	email softward	email softv	ware						
X Political									
Non-Political					officeholder living exp	ense			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/OH									

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete this	s form.	(,	,
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 2/3 Rpt: 15/16	Texas Patriots State	00066799					
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer		Paid			
	Expenditure from corporate funds	\$55.00	03/02/2025					
7	PAYEE	(a) Payee name Aweber		(b) Payee add	r Dr.	City,	State,	Zip Code
_		(-) O-t		Chalfont, PA				
8	PURPOSE OF EXPENDITURE			(b) Descriptio				
		email software	,	email softwa	are			
	X Political							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	Paid		
	Expenditure from corporate funds	\$279.29	04/02/2025					
PAYEE (a) Payee name Squarespace PURPOSE OF (a) Category		(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
		Squarespace		225 Varick S 12th Floor New York, N				
			(b) Descriptio					
	EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) website builder		website buil				
		_						
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office			e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	Paid		
	Expenditure from corporate funds	\$65.00	02/02/2025					
	PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
		Aweber		1100 Manoi	r Dr.			
				Chalfont, PA	A 18914			
	PURPOSE OF (a) Category (See Categories listed at the top of this schedule)		(b) Descriptio	n				
	X Political	email software						
	Non-Political	(c) describing a second of volume confidence of the confidence of				officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sources.				e sought		Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 3/3 Rpt: 16/16	Texas Patriots State	e PAC		00066799				
4	CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	Expenditure from corporate funds	\$18.00	02/02/2025						
7	PAYEE	(a) Payee name Moonclerk		(b) Payee address; 1040 W. Washington St.	City,	State,	Zip Code		
Ļ	DUDDOCE OF	(a) Catagony		Greenville, SC 29601 (b) Description					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		Accounting software					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
E	expenditure to benefit C/OH								
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	Expenditure from corporate funds	\$108.24	05/06/2025						
PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Microsoft Corporation		One Microsoft Way						
			Redmond, WA 98052						
	PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Fees		of this schedule)	(b) Description Microsoft 365 annual fee					
	X Political								
l	Non-Political				officeholder living expen	ise			
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH				e sought	Office held				