FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069623 3 COMMITTEE NAME **OFFICE USE ONLY** Texans For Dade Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** Post Office Box 5990 Date Hand-delivered or Date Postmarked Austin, TX 78763 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. William F. NAME NICKNAME LAST **SUFFIX** Bill Scott STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1735 W. Cardinal Dr. STREET **ADDRESS** (Residence or Business) Beaumont, TX 77705 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1735 W. Cardinal Dr. MAILING **ADDRESS** Beaumont, TX 77705 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 727-4801 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Month Day COVERED **THROUGH** 06/30/2025 01/01/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/03/2026 General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		:	13 Filer ID	(Ethics Comn	nission Filers)
Texans For Dade			00069623		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Rep. Matthew McDade "Dade" Phelan			
(Attach lists on plain paper to complete this	X Candidate				
report if necessary.)	Officeholder				
	—	State Representative			
X SUPPORT		DALL OT IDEALTIFICATION / //		ONDATE	
(Candidate or Measure)		BALLOT IDENTIFICATION / #	Month	ON DATE Day	Year
OPPOSE (Candidate or Measure)			WOTH	Day	i cai
	Measure				
ASSIST (Official to a)	Modesure	DESCRIPTION			
(Officeholder)					
15 CONTRIBUTION	1. TOTAL POLITICAL CON		PLEDGES.	1	
TOTALS	LOANS, OR GUARANTI	EES OF LOANS, OR CONTRIBUTIONS MADE	,	\$	\$0.00
	ELECTRONICALLY), UI	NLESS ITEMIZED			
	2. TOTAL POLITICAL O				Ф0.00
	(OTHER THAN PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS)		\$	\$0.00
EXPENDITURE	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES			
TOTALS				\$	\$0.00
	4. TOTAL POLITICAL E	EXPENDITURES		\$	\$12,648.90
					Ψ12,0 10.00
CONTRIBUTION		ITRIBUTIONS MAINTAINED AS OF THE LAST [DAY OF THE		
BALANCE	REPORTING PERIOD			\$	\$213,778.75
OUTSTANDING	6 TOTAL PRINCIPAL AM	DUNT OF ALL OUTSTANDING LOANS AS OF T	LEIACT		
OUTSTANDING LOAN TOTALS	DAY OF THE REPORTI		HE LAST	\$	\$175,000.00
					•
16 AFFIDAVIT	•			•	
		I swear, or affirm, under penalty of perju			
		and correct and includes all information Title 15, Election Code.	required to be	reported by m	ie under
		Mr. Williai Signature of Can	m F. Scott	or.	
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Can	ipaigii ireasuit	CI	
Sworn to and subscribed	before me, by the said	, th	is the		day
		ch, witness my hand and seal of office.			,
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of office	er administerir	ng oath

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 19 (Ethics Commission Filers) 12 COMMITTEE NAME 13 Filer ID 00069623 **Texans For Dade** 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Rep. Matthew McDade "Dade" Phelan (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER State Representative **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE MEASURE (Candidate or Measure) DESCRIPTION X ASSIST (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

	4 of 19				
17 COMMIT Texans	18 Filer ID 00069623	(Ethics Commission Filers)			
19 SCHEDU NAME O	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$		
7.	SCHEDULE E: LOANS		\$		
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 12,648.90		
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$		
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 1/14 Rpt: 5/19	Texans For Dade 00069623
4	Date	5 Payee name
	05/19/2025	7-11 - Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.89	2020 E 7th St
L		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for return travel to district during session
		Table for rotain travel to district during seconds
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
	Date	Payee name
	02/27/2025	Aloft Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.64	109 E 7th St,
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting with House members to discuss legislative
		issues
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/04/2025	Bruins Baseball Auxiliary
H	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	8950 Phelan Blvd
	Ψ-30.00	0330 I Holdin Bivu
		Beaumont, TX 77706
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign sign for high school baseball field
$ldsymbol{f eta}$		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/O	·

SCHEDULE F1

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

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

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.	category not listed above)
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 2/14 Rpt: 6/19 Texans For Dade 00069623	
4 Date 5 Payee name	
04/11/2025 Buc-ee's Bastrop	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$72.46 1700 State Hwy 71 East	
Bastrop, TX 78602	
8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas Communications of Texas	
EXPENDITURE Travel Out of District Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living	
Fuel for return travel to distri	
	ar an mg ar ar an
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office he expenditure to benefit C/OH	eld
Date Payee name	
05/16/2025 Buc-ee's Bastrop	
Amount (\$) Payee address; City; State; Zip Code	
\$72.81 1700 State Hwy 71 East	
Bastrop, TX 78602	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Taxas Communications of the communication of the com	
EXPENDITURE Travel Out of District Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living	
Fuel for return travel to distri	
Tuch of retain travel to distil	ot during session
Complete ONLY if direct Candidate/Officeholder name Office sought Office he expenditure to benefit C/OH	eld
Date Pavee name	
Date Payee name 04/03/2025 Buc-ee's Katy	
Amount (\$) Payee address; City; State; Zip Code	
\$71.11 27700 Katy Fwy	
Katy, TX 77494	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Travel Out of District Check if travel outside of Texas. Comp	•
Check if Austin, 1X, officenoider living	
Fuel for return travel to distri	ict during session
Complete ONLY if direct Condidate/Officeholder remains Office conditions of the condition of the conditions of the condi	ald.
Complete ONLY if direct Candidate/Officeholder name Office sought Office he expenditure to benefit C/OH	eiu
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 7/19	Texans For Dade 00069623
4	Date	5 Payee name
	06/17/2025	Buc-ee's Katy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.96	27700 Katy Fwy
		Katy, TX 77494
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel & carwash for campaign vehicle traveling to
		attend political meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	02/27/2025	Del Valle Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	3132. E. SH 71 SVRD EB
		Del Valle, TX 78617
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel for travel to district
		Fuel for traver to district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Device same
	05/05/2025	Payee name
		Etsy
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.53	55 Washington Street
		Suite 512
		Brooklyn, NY 11201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gift for House colleague
		Silt for Flouse Colleague
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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: 4/14 Rpt: 8/19	Texans For Dade 00069623
4	Date	5 Payee name
	05/05/2025	Etsy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$170.60	55 Washington Street
		Suite 512
		Brooklyn, NY 11201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		End of session gift for House colleague
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Date	Davies name
	01/28/2025	Payee name GMC Financial
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 99605
	\$1,393.90	P.O. Box 99605
		Arlington, TX 76096
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LAI LIIDITORE	Expense Check if Austin, TX, officeholder living expense
		Lease payment for campaign automobile
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o
-	Date	Payee name
	02/28/2025	GMC Financial
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,393.90	P.O. Box 99605
	\$1,000.00	The Box good
		Arlington, TX 76096
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Lease payment for campaign vehicle
		Lease payment for campaign vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fil	lers)
	Sch: 5/14 Rpt: 9/19	Texans For Dade 00069623	
4	Date	5 Payee name	
	03/28/2025	GMC Financial	
6	Amount (\$) \$1,393.90	7 Payee address; City; State; Zip Code P.O. Box 99605 Arlington, TX 76096	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Lease payment for campaign vehicle	
		Lease payment for campaign vehicle	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	04/28/2025	GMC Financial	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,393.90	P.O. Box 99605	
		Arlington, TX 76096	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Expense	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	05/28/2025	GMC Financial	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,393.90	P.O. Box 99605	
		Arlington, TX 76096	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related	
	LAFENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Lease payment for campaign vehicle	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 10/19	Texans For Dade 00069623
4	Date	5 Payee name
	06/30/2025	GMC Financial
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,393.90	P.O. Box 99605
		Arlington, TX 76096
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Lease payment for campaign vehicle
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2025	Grease Monkey - Beaumont
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.36	3610 W Lucas Dr
		Beaumont, TX 77706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense Oil change for campaign vehicle
		Oil Change for eampaigh vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/10/2025	Grease Monkey - Beaumont
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.36	3610 W Lucas Dr
	Ψ133.30	3010 W Lucas Di
		Beaumont, TX 77706
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Oil change for campaign vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 11/19	Texans For Dade 00069623
4	Date	5 Payee name
	06/23/2025	Hruska's Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.25	109 Texas 71
L		Ellinger, TX 78938
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for return travel to district for political meetings
		Table 16th that a decire 16th pointed incominge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/21/2025	Hruska's Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.80	109 Texas 71
		Ellinger, TX 78938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel for travel to Austin for session
		Tuer for traver to Austri for Session
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payso nama
	03/25/2025	Payee name Hruska's Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.65	109 Texas 71
		Ellinger, TX 78938
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for travel to Austin
		. 33. 13. 13. 10. 140.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 8/14 Rpt: 12/19	Texans For Dade 00069623
4	Date	5 Payee name
	04/15/2025	Hruska's Store
6	Amount (\$) \$69.08	7 Payee address; City; State; Zip Code 109 Texas 71 Ellinger, TX 78938
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel for travel to Austin for session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/Ol	
	Date	Payee name
	05/05/2025	Hruska's Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.36	109 Texas 71
		Ellinger, TX 78938
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for travel to Austin for session
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2025	Jack's Grocery
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.29	7120 Bayway Drive
		Baytown, TX 77520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel for travel to Austin for session
		Tuellor duverto Austri for Session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	orean oara'r ayment	The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		[3	3	Filer ID	(Ethics Commission File	ers)
	Sch: 9/14 Rpt: 13/19	Texans For Dade				00069623		
4	Date	5 Payee name						
	01/21/2025	Jack's Grocery						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					
	\$75.63	7120 Bayway Drive						
		Baytown, TX 77520						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Travel Out of District		Check if travel ou	ıtsid	e of Texas. Comp	olete Schedule T.	
	EXPENDITURE			Check if Austin, 1				
				Fuel for travel	to	Austin for s	ession	
_								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	eld	
	Date	Payee name						
	02/10/2025	Jack's Grocery						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$72.98	7120 Bayway Drive						
		Baytown, TX 77520						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out of District		Check if travel ou				
				Check if Austin, 7 Fuel for travel				
				r der for traver		rastiii ioi s	0001011	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	ıld	
	expenditure to benefit C/OI		9			000		
	Date	Payee name						
	02/17/2025	Jack's Grocery						
		•	do					
	Amount (\$) \$70.55	Payee address; City; State; Zip Co 7120 Bayway Drive	ue					
	Ψ10.55	7120 Bayway Brive						
		Poutown TV 77520						
		Baytown, TX 77520						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel out	ıtcid	e of Teyas Comr	nlete Schedule T	
	EXPENDITURE	Travel Out of District		Check if Austin, 1				
				Fuel for travel				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	4						

SCHEDULE F1

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

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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of 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: 10/14 Rpt: 14/19	Texans For Dade 00069623
4	Date	5 Payee name
	03/10/2025	Jack's Grocery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.98	7120 Bayway Drive
		Baytown, TX 77520
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for travel to Austin for session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/31/2025	Jack's Grocery
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$65.85	7120 Bayway Drive
		Baytown, TX 77520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel for travel to Austin for session
		Tacifor traver to Austin for Session
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/22/2025	Jack's Grocery
H	Amount (\$)	Payee address; City; State; Zip Code
	\$63.53	7120 Bayway Drive
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Baytown, TX 77520
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fuel for travel to Austin for session
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nittee L	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)					
ļ_				· · · · · · · · · · · · · · · · · · ·				_	E1 15	/E/II-1 O		
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commission Filer	S)
	Sch: 11/14 Rpt: 15/19	Т	exans For [Dade						00069623		
4	Date	5 P	ayee name									
	04/28/2025	Kroozin Market										
6	Amount (\$)	7 P	ayee addres:	s; City;	State;	Zip Co	de					
	\$62.55	8.	3430 Phelan	Blvd								
		l _в	Beaumont, T	X 77706								
8	PURPOSE	<u> </u>					(h)	Description				
ľ	OF	g y (continued in the try or the continued)						Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE Travel Out of District Check if travel outside of To												
		Fuel for travel to Austin for session				session						
9	Complete ONLY if direct		ındidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date	Р	ayee name									
	04/08/2025	M	⁄lental Healt	h America of S	outheast Te	xas						
	Amount (\$)	Р	ayee address	s; City;	State;	Zip Co	de					
	\$1,000.00	7	'00 North St	reet								
		s	Suite 95									
		в	Beaumont, T	X 77701								
	PURPOSE	(a) C	ategory (sa)	e Categories listed at t	no ton of this cohos	dulo)	(b)	Description				
	OF	ı		s/Donations Ma		auic)	` ,	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
EXPENDITURE					older/Political Committee					officeholder livin		
			Table expense for Mental Health America of Annual Luncheon					lealth America of SET	X			
								Annuai Luncr	160	n		
	Complete ONLY if direct		indidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	7										
	Date	Р	ayee name									
	06/12/2025	M	/lr. Exxpress	6								
	Amount (\$)	Р	ayee addres:	s; City;	State;	Zip Co	de					
	\$70.55	5	510 I-10									
		В	Beaumont, T	X 77702								
	PURPOSE	(a) C	ategory (Ser	e Categories listed at t	ne top of this scher	dule)	(b)	Description				
	OF EXPENDITURE		ravel Out of		•			ш			nplete Schedule T.	
	EXPENDITORE									officeholder livin		
								Fuel for trave	l to	Austin for	political meetings	
	Complete ONLY if direct expenditure to benefit C/OH		ındidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	experionale to belief C/Of	1										
							_					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)		
_	Total manage Coloradula 54				
1	Total pages Schedule F1: Sch: 12/14 Rpt: 16/19	2 FILER NAME 3 Filer ID (Ethics Commission Filers Texans For Dade 00069623)		
4	Date	5 Payee name			
Ĺ	06/22/2025	Park Hyatt			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$199.88	136 E Thomas PI			
		Beaver Creek, CO 81620			
Ļ		·			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense			
		Check if Austin, TX, officeholder living expense Officeholder meals while attending legislative			
		conference			
L					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experience to beliefft C/OI	•			
	Date	Payee name			
	01/06/2025	Porky's Gas Station			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$74.34	1585 Calder Ave			
	Ţ .				
		Decument TV 77701			
		Beaumont, TX 77701			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Fuel for travel in district for political meetings			
		Fuel for travel in district for political fleetings			
_	Operation ONE VIII II	Our distance (Office health an array of the second is			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
L					
	Date	Payee name			
	03/17/2025	Porky's Gas Station			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$77.04	1585 Calder Ave			
		Beaumont, TX 77701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Fuel for travel to Austin for session			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	H			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 17/19	Texans For Dade 00069623
4	Date	5 Payee name
	06/03/2025	Porky's Gas Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.53	1585 Calder Ave
		Beaumont, TX 77701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fuel for travel in district for political meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Data	
	Date	Payee name
	02/21/2025	Shell - Buna
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.10	35043 US-96
		Buna, TX 77612
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for travel in district for political meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/05/2025	Target - Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.99	901 E 5th St. Ste 140
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for capitol office
L	Complete ONU V if allow	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 14/14 Rpt: 18/19	Texans For Dade 00069623
4	Date	5 Payee name
	02/20/2025	Uptown Sports Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$105.79	200 E 6th St
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting with staff to discuss legislative issues
		mooting with start to dissues registrative results
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/03/2025	Wildcat Express - Sealy
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.14	6025 FM 3538
		Sealy, TX 77474
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel for travel to Austin for session
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/03/2025	Wildcat Express - Sealy
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$67.92	6025 FM 3538
		Sealy, TX 77474
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel for travel to Austin for session
		Fuel for traver to Austria for Session
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

COLLEGIUE	
SCHEDULE	
SCHEDULE	

The Inst	ıction Guide explains h	1 Total pages Schedule T: Sch: 1/1 Rpt: 19/19		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Texans For Dad		00069623		
4 Name of Contribut Park Hyatt	r / Corporation or Labor Organ	zation / Pledgor /Payee		
5 Contribution / Exp	nditure reported on:			
Schedule A2	Schedule B	Schedule B(J) Sche	edule C2	Schedule D X Schedule F1
Schedule F2	Schedule F4	Schedule G Sche	edule H	Schedule COH-UC
6 Dates of Travel	Name of person(s) traveling Phelan, Dade (Rep.)			
	Departure city or name of d	eparture location		
06/19/2025	Beaumont			
06/22/2025	Destination city or name of Vail	destination location		
10 Means of transpor	tion 11 Purpose of trave	I (including name of conference,	seminar, or	other event)
Commercial Airp	ane Speaking enga	agement at AECT annual conf	ference	
	·			