#### 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) 00068390 3 COMMITTEE NAME **OFFICE USE ONLY** Lone Star Project Nonfederal Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6 E Street SE Date Hand-delivered or Date Postmarked Change of Address Washington, DC 20003 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Matthew NAME NICKNAME LAST **SUFFIX** Angle STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6 E Street SE STREET **ADDRESS** (Residence or Business) Washington, DC 20003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6 E Street SE MAILING **ADDRESS** Washington, DC 20003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 547-7610 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

		-		
L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Lone Star Project Nonf	ederal		00068390	)
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Managemen	A. Supported		
	Measures     (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Elizabeth Beck Forth Worth C	ity Council	
	Assisted (Identify by name or, if applicable, classify by party.)	Enzageth Beak 1 and Worth C	ity Courien	
5 CONTRIBUTION	1. TOTAL UNITEMIZED	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	50.00
	2. TOTAL POLITICA			
		DGES, LOANS, OR GUARANTEES OF LOANS)	<b> \$</b>	223,574.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	218.05	
	4. TOTAL POLITICA	L EXPENDITURES	\$	229,320.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	12,845.41
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			hew Angle	
		Signature of Ca	mpaign Treasi	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	I before me, by the said	, tl	his the	day
of	_, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					3 of 38
<b>17</b> COMMI	ITTE	E NAME	18 Filer ID	(Ethics	Commission Filers)
Lone S	Star	Project Nonfederal	00068390	`	,
		SUBTOTALS		$\overline{}$	
l		SCHEDULE		SL	JBTOTAL AMOUNT
TWWIL	01 0	ON LEGICE			
1. X	रा	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	222,374.18
	_			<u> </u>	
2. X	7	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b> </b>	1,200.00
	<u> </u>	CONTEDUCE / IE. NOVIMONE / NOVIMONE CONTINUE CON		<u> </u>	1,200.00
	7	COLIED HE DE DI EDGED CONTRIBUTIONS			
3.	┙	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
_		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	)R		
4.	╛	ORGANIZATION		\$	
		COLEDUI E CO. NON MONETARY (IN VINE) CONTRIBUTIONS FROM CORROR	ATION OD	+	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
				├──	
6.	7	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
				<u> </u>	
7.	7	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		<b> </b>	
′· ∟		ORGANIZATION		<b>  3</b>	
				1.	
8.	╛	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
				<del> </del>	
10. X	₹	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	229,320.35
				Ь—	
11.	7	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b> </b> \$	
_				<u> </u>	
12.	7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ANS.	<b> </b>	
12. L	_	SCHEDOLETS. FORCHASE OF INVESTMENTS TROM FOR TICAL CONTRIBUTION	3113	\$	
10				1.	
13.	╛	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				<del>                                     </del>	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
				┼	
15.	]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
		TOTILLA			
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 4/38
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission Filers) 00068390
4	Date 02/12/2025	Adams, Alice  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$) \$10.00
8	Principal occu	Austin, TX 78737 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)	
	Not Employe	d		Not Employed		
	Date 05/30/2025	Angle, Dolly		)		Amount of Contribution (\$) \$20,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>	
	Not Employe	d		Not Employed		
	Date 03/10/2025	Arnold, Carolyn  Contributor address; City; State; Zip Code	e	)		Amount of Contribution (\$) \$10.00
	Principal occur	Watauga, TX 76148 pation / Job title (See Instructions)		Employer (See Instructions	;) 	
	Administrativ			Marriott	,,	
	Date 04/28/2025	Barr, William		)		Amount of Contribution (\$) \$20.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	<u>I</u> 5)	
	Date 01/19/2025	Barton, Chris	te PAC (ID#:	)		Amount of Contribution (\$) \$5.03
	Principal occu Author	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	s)	
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this 1	or	m.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 5/38	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	Filers)
4	Date 02/19/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Barton, Chris</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$5.03
		Austin, TX 78757	_				
8	Principal occu Author	pation / Job title (See Instructions)	9	Employer (See Instructions Self-Employed	5)		
	Date 03/19/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.03
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	Γ	Employer (See Instructions	<u> </u>		
	Author			Self-Employed			
	Date 04/19/2025	Full name of contributor out-of-state PAC (ID#:_ Barton, Chris Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.03
		Austin, TX 78757					
	Principal occu Author	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
	Date 05/19/2025	Full name of contributor out-of-state PAC (ID#:_Barton, Chris  Contributor address; City; State; Zip Code  Austin, TX 78757		)		Amount of Contribution (\$)	\$5.03
	Principal occu Author	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	<u>                                      </u>		
	Date 06/18/2025	Full name of contributor out-of-state PAC (ID#:_Barton, Chris  Contributor address; City; State; Zip Code  Austin, TX 78757				Amount of Contribution (\$)	\$5.03
	Principal occu Author	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/18 Rpt: 6/38	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	n Filers)
4	Date 01/11/2025	<ul><li>5 Full name of contributor</li><li>Bertram, Lynda</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: atte; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not Employe	Fort Worth, TX 76107 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	;)		
	Date 02/26/2025	Full name of contributor  Bertram, Lynda  Contributor address; City; Sta  Fort Worth, TX 76107	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions)  Not Employed			Employer (See Instructions Not Employed	i)		
	Date 06/18/2025	Full name of contributor Bilz, Reed Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Fort Worth, TX 76132 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Not Employe	,		Not Employed	,		
	Date 01/03/2025	Full name of contributor Blackson, Steve Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Landscape D	pation / Job title (See Instructions) Design		Employer (See Instructions Windy Point Garden Ra		ads	
	Date 01/02/2025	Full name of contributor Boehme, Paula Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 7/38
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission Filers) 00068390
4	Date 02/02/2025	<ul><li>5 Full name of contributor Boehme, Paula</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$10.00
8	Principal occu Not Employe	Arlington, TX 76016 pation / Job title (See Instructionsed	s)	Employer (See Instructions     Not Employed	<u> </u> ;)	
	Date 04/17/2025	Full name of contributor Chris Turner Campaign Contributor address; City; S Arlington, TX 76096	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)	
	Date 01/27/2025	Full name of contributor Clay Jenkins Campaign Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$10,000.00
	Principal occu	Dallas, TX 75222 pation / Job title (See Instructions	s)	Employer (See Instructions	 	
	Date 06/15/2025	Full name of contributor Cline, Mary Contributor address; City; S Fort Worth, TX 76112	out-of-state PAC (ID#:_	)		Amount of Contribution (\$) \$10.00
	Principal occu Massage the	pation / Job title (See Instructions erapist	s)	Employer (See Instructions Self-Employed	5)	
	Date 02/06/2025	Full name of contributor Coldwell, Deborah Contributor address; City; S Dallas, TX 75218	out-of-state PAC (ID#:_	)		Amount of Contribution (\$) \$100.00
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Haynes and Boone LLP		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS .		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 8/38	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	ı Filers)
4	Date 05/15/2025	<ul> <li>Full name of contributor  out-of-state  Cordell, Carol</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$5.00
	Dringing aggr	Fort Worth, TX 76134	lo.	Employer (See Instructions	<u>''</u>		
8	Not Employe	pation / Job title (See Instructions)	9	Not Employed	>)		
	Date 03/10/2025	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$5.00
	Principal occur	Mansfield, TX 76063  pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Not Employe			Not Employed	"		
	Date 02/10/2025	Full name of contributor out-of-state  DeBose, Dorothy  Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$25.00
		Fort Worth, TX 76107					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 01/08/2025	Denson, Patricia	PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 02/08/2025	Full name of contributor out-of-state Denson, Patricia Contributor address; City; State; Zip Code Houston, TX 77098	PAC (ID#:	)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	.vot Employe	<b>.</b>	1	тос Епроуси			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDU	LE <b>A1</b>
	The Instruc	ction Guide explains how to complet	te this forr	m.	1	Total pages Schedule A1: Sch: 6/18 Rpt: 9/38	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commissi 00068390	on Filers)
4	Date 03/08/2025	<ul> <li>Full name of contributor  out-of-state</li> <li>Denson, Patricia</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Houston, TX 77098 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe	d		Not Employed			
	Date 04/08/2025	Full name of contributor out-of-state  Denson, Patricia  Contributor address; City; State; Zip Code  Houston, TX 77098		)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 05/08/2025	Full name of contributor out-of-state  Denson, Patricia  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77098					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 06/08/2025	Full name of contributor out-of-state Denson, Patricia  Contributor address; City; State; Zip Code  Houston, TX 77098		)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	)		
	Date 04/01/2025	Full name of contributor x out-of-state Elizabeth Pannill Fletcher for Congress  Contributor address; City; State; Zip Code  Houston, TX 77098		640045		Amount of Contribution (\$)	\$25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	<b>N</b>	IS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 10/38	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	ion Filers)
4	Date 02/25/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#: Fikes, Lee</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$50,000.00
		Dallas, TX 75201	_				
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Bonanza Oil Company	5)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#: Finke, Douglas  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Sr. Copywrit	er		Radancy			
	Date 01/23/2025	Full name of contributor out-of-state PAC (ID#:)  Finke, Douglas  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
		Austin, TX 78731					
	Principal occu Sr. Copywrit	pation / Job title (See Instructions) er		Employer (See Instructions Radancy	<u>(</u>		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Finke, Douglas  Contributor address; City; State; Zip Code  Austin, TX 78731				Amount of Contribution (\$)	\$5.00
	Principal occu Sr. Copywrit	pation / Job title (See Instructions) er		Employer (See Instructions Radancy	5)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#: Finke, Douglas  Contributor address; City; State; Zip Code  Austin, TX 78731				Amount of Contribution (\$)	\$5.00
	Principal occu Sr. Copywrit	pation / Job title (See Instructions) er		Employer (See Instructions Radancy	s)		
			•				

	MONET	ARY POLITICAL	CONTRIBUTIO	N	IS		SCHEDULE A1
	The Instruc	ction Guide explains how	v to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 11/38
2	FILER NAME Lone Star Pr	oject Nonfederal				3	Filer ID (Ethics Commission Filers) 00068390
4	Date 02/22/2025	<ul><li>5 Full name of contributor Finke, Douglas</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_			7	Amount of Contribution (\$) \$5.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instruction	c)	<u> </u>	Employer (See Instructions	·)	
0	Sr. Copywrite		3)	9	Radancy	P)	
	Date 02/28/2025	Full name of contributor Finke, Douglas Contributor address; City; S Austin, TX 78731			)		Amount of Contribution (\$) \$5.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	<u> </u> s)	
	Sr. Copywrite		,		Radancy	•	
	Date 04/15/2025	Full name of contributor First Tuesday PAC Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$) \$50,000.00
		Houston, TX 77006					
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	s)	
	Date 06/12/2025	Full name of contributor Gambrell, Richard Contributor address; City; S Grapevine, TX 76051					Amount of Contribution (\$) \$25.00
	Principal occu Not Employe	pation / Job title (See Instructioned	s)		Employer (See Instructions Not Employed	5)	
	Date 01/24/2025	Full name of contributor Gardner, Jonathan Contributor address; City; S Fort Worth, TX 76116	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$) \$25.00
	Principal occu Not Employe	pation / Job title (See Instructioned	s)		Employer (See Instructions Not Employed	s)	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 12/38	
2	FILER NAME Lone Star Pr	roject Nonfederal			3	Filer ID (Ethics Commission 00068390	n Filers)
4	Date 03/13/2025	<ul><li>5 Full name of contributor Gardner, Jonathan</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Fort Worth, TX 76116 spation / Job title (See Instructions	·) (	9 Employer (See Instructions	s)		
	Date 06/21/2025	Full name of contributor George, Megan Contributor address; City; St	out-of-state PAC (ID#:	Not Employed		Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	Arlington, TX 76016  spation / Job title (See Instructions	)	Employer (See Instructions UME Prep	<u> </u> S)		
	Date 05/06/2025	Full name of contributor Hicks, Renea Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78756  Ipation / Job title (See Instructions	;)	Employer (See Instructions	<u> </u> S)		
	Date 01/29/2025	Full name of contributor Hinton, Linda Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:	Self-Employed		Amount of Contribution (\$)	\$25.00
	Principal occu Sales Manaç	ipation / Job title (See Instructions ger	)	Employer (See Instructions Louis Latour Inc	5)		
	Date 02/26/2025	Full name of contributor Hinton, Linda Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Sales Manag	I Ipation / Job title (See Instructions ger	)	Employer (See Instructions Louis Latour Inc	5)		
			·				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDU	LE A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 13/38	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commissi 00068390	on Filers)
4	Date 03/29/2025	Hinton, Linda	nt-of-state PAC (ID#: p Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
•	Sales Manag			Louis Latour Inc	,		
	Date 04/28/2025	Full name of contributor ou Hinton, Linda Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75219	1				
	Sales Manag	pation / Job title (See Instructions) ger		Employer (See Instructions Louis Latour Inc	)		
	Date 05/29/2025	Full name of contributor out-of-state PAC (ID#:)  Hinton, Linda  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Dallas, TX 75219					
	Principal occu Sales Manag	pation / Job title (See Instructions) ger		Employer (See Instructions Louis Latour Inc	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/29/2025 Hinton, Linda  Contributor address; City; State; Zip Code  Dallas, TX 75219		,		Amount of Contribution (\$)	\$25.00	
	Principal occu Sales Manag	pation / Job title (See Instructions) ger		Employer (See Instructions Louis Latour Inc	)		
	Date 06/17/2025	International Brotherhood of Ele				Amount of Contribution (\$)	\$25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l				

	MONEI	ARY POLITICAL CO		SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 14/38
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Lone Star Project Nonfederal					00068390
4	Date 06/06/2025	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$) \$10,000.00
•	Principal occu	McGregor, TX 76657	lo.	Employer (See Instructions		
0	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions  CEO Fashion Glass & Mirror		)			
	Date Full name of contributor out-of-state PAC (ID#:)  01/30/2025 Johnson, Wesley  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00		
		Garland, TX 75043				
	Principal occupation / Job title (See Instructions)  Not Employed  Not Employed  Not Employed					
	Date Full name of contributor out-of-state PAC (ID#:)  01/04/2025 Mabe, Suzanne  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$25.00	
		Fort Worth, TX 76116				
		pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Not Employe	rd 		Not Employed		
Date Full name of contributor		506832		Amount of Contribution (\$) \$25,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 03/17/2025	Full name of contributor  Martinez, Virginia  Contributor address; City; State;  El Paso, TX 79912	out-of-state PAC (ID#:			Amount of Contribution (\$) \$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)	

	MONEI	ARY POLITICAL CONTRI	S		SCHEDULE	<b>■ A1</b>	
	The Instru	ction Guide explains how to comple	ete this forr	n.	ı	Total pages Schedule A1: Sch: 12/18 Rpt: 15/38	
2	FILER NAME	ainet Nonfederal			ı	Filer ID (Ethics Commission	Filers)
		one Star Project Nonfederal				00068390	
4	Date 01/19/2025	<ul> <li>Full name of contributor  out-of-state  out-of-state  out-of-state</li> <li>McCarty, Taylor</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Fredericksburg, TX 78624	į				
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	CFO			Mclane Ford of Frederic	ksb	urg	
	Date 02/19/2025	Full name of contributor out-of-state McCarty, Taylor Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Fredericksburg, TX 78624					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
CFO Mclane Ford of Fre				Mclane Ford of Frederic	ksb	urg	
	Date 03/19/2025	Full name of contributor out-of-state McCarty, Taylor Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$50.00
		Fredericksburg, TX 78624					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l                                     </u>		
	CFO	,		Mclane Ford of Frederic		urg	
	Date 04/19/2025	Full name of contributor out-of-state McCarty, Taylor Contributor address; City; State; Zip Code Fredericksburg, TX 78624	PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Mclane Ford of Frederic		urg	
	Date 05/19/2025	Full name of contributor out-of-state McCarty, Taylor Contributor address; City; State; Zip Code Fredericksburg, TX 78624	PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Mclane Ford of Frederic		urg	

	MONEI	ARY POLITICAL CONTR	IBUTION	S	SCHEDULE A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1 Total pages Schedule A1: Sch: 13/18 Rpt: 16/38
2	FILER NAME Lone Star Pr	roject Nonfederal			3 Filer ID (Ethics Commission Filers) 00068390
4	Date 06/18/2025	5 Full name of contributor out-of-state PAC (ID#:)  McCarty, Taylor  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$50.0	
_	Dringing loop	Fredericksburg, TX 78624		Firsterior (Coo Instructions	Α.
8	Principal occu CFO	ipation / Job title (See Instructions)		Employer (See Instructions Mclane Ford of Frederic	
	Date Full name of contributor out-of-state PAC (ID#:)  03/25/2025 McGarry, Charles  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.0		
	Plano, TX 75093  Principal occupation / Job title (See Instructions)  Attorney  Employer (See Instructions)  Self-Employed				s)
	Date 02/26/2025	E Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$) .
	Dringinal occi	San Antonio, TX 78247  upation / Job title (See Instructions)		Employer (See Instructions	
	Not Employe			Not Employed	
Date 03/10/2025  Moore, Joe  Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482		)	Amount of Contribution (\$) \$25.0		
	Principal occu General Con	pation / Job title (See Instructions)		Employer (See Instructions Audley Moore Construct	
	Date 06/18/2025	Full name of contributor out-of-state Olsen, Garret Contributor address; City; State; Zip Cod Little River-Academy, TX 76554	ate PAC (ID#:		Amount of Contribution (\$) \$50.0
	Principal occu Not Employe	upation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS	SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1 Total pages Schedule A1: Sch: 14/18 Rpt: 17/38	
2	FILER NAME				3 Filer ID (Ethics Commission	Filers)
	Lone Star Project Nonfederal				00068390	
4 Date 01/27/2025		<ul><li>5 Full name of contributor</li><li>Olson, Marcella</li><li>6 Contributor address; City; S</li></ul>	7 Amount of Contribution (\$)	\$20.00		
_	Drive in all account	Fort Worth, TX 76110		O Family of (Coo Instruction		
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions		
	Attorney			Pope Hardwicke Christi	е Scneii Кеііу & Гаріеtt	
	Date 02/27/2025	Full name of contributor Olson, Marcella Contributor address; City; S	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
		Fort Worth, TX 76110				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)	
Attorney Pope Hardwick				Pope Hardwicke Christi	e Schell Kelly & Taplett	
	Date 03/27/2025	Full name of contributor Olson, Marcella Contributor address; City; S	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$20.00
		Fort Worth, TX 76110				
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	<u> </u> 	
	Attorney	(	-,	Pope Hardwicke Christi		
	Date 04/27/2025	Full name of contributor Olson, Marcella Contributor address; City; S Fort Worth, TX 76110	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Pope Hardwicke Christi		
	Date 05/27/2025	Full name of contributor Olson, Marcella Contributor address; City; S Fort Worth, TX 76110	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Pope Hardwicke Christi	s) e Schell Kelly & Taplett	

	MONEI	ARY POLITICAL (	S		SCHEDULE A1			
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 15/18 Rpt: 18/38	
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
	Lone Star Pr	Lone Star Project Nonfederal					00068390	
4	Date 06/27/2025	<ul><li>5 Full name of contributor</li><li>Olson, Marcella</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$20.00
_		Fort Worth, TX 76110		_				
8		pation / Job title (See Instruction	5)	9	Employer (See Instructions		ala di Kalina A. Tarahan	
	Attorney				Pope Hardwicke Christie	S	chell Kelly & Taplett	
Date Full name of contributor out-of-state PAC (ID#:) 03/11/2025 Pandolfi, Alfred  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00				
		Arlington, TX 76016						
					Employer (See Instructions	)		
Attorney Self-Employe			Self-Employed					
	Date 01/16/2025	Full name of contributor Pleasants, Chrystin Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code				Amount of Contribution (\$)	\$10.00
		Dallas, TX 75214						
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	)		
		earch Monitor	-,		Self-Employed	,		
	Data	Full name of contributor			1 2		Amount of Contribution (\$)	
Date  O2/16/2025  Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (c)	\$10.00			
	•	pation / Job title (See Instruction earch Monitor	5)		Employer (See Instructions Self-Employed	)		
	Date 03/16/2025	Full name of contributor Pleasants, Chrystin Contributor address; City; S Dallas, TX 75214	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instruction	5)		Employer (See Instructions	)		
	Clinical Rese	earch Monitor			Self-Employed			
_								

	MONET	ARY POLITICAL CO	S		SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 16/18 Rpt: 19/38	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	Filers)
4	Date 04/16/2025  Full name of contributor out-of-state PAC (ID#:) Pleasants, Chrystin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00		
_	Deinsinal assu	Dallas, TX 75214	lo.	Frankrian (Cook la atricationa			
8		pation / Job title (See Instructions) earch Monitor	9	Employer (See Instructions Self-Employed	)		
Date Full name of contributor out-of-state PAC (ID#:)  05/16/2025 Pleasants, Chrystin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	Dringinal occu	Dallas, TX 75214	1	Employer (See Instructions			
Principal occupation / Job title (See Instructions)  Clinical Research Monitor  Employer (See In Self-Employed)					)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00		
		Galveston, TX 77550					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMB	)		
					Amount of Contribution (\$)	\$25.00	
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Core	)		
	Date Full name of contributor out-of-state PAC (ID#:)  O6/12/2025 Scaletty, Margaret  Contributor address; City; State; Zip Code  Leawood, KS 66206			Amount of Contribution (\$)	\$10.00		
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	)		
			,				

	MONEI	ARY POLITICAL (		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 20/38	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Sinclair, Caroline  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00		
8	Principal occu Not Employe	Del Valle, TX 78617 pation / Job title (See Instructionsed	s)	Employer (See Instructions     Not Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/20/2025 Sinclair, Caroline  Contributor address; City; State; Zip Code  Del Valle, TX 78617		•	Amount of Contribution (\$)	\$5.00		
	Principal occupation / Job title (See Instructions)  Not Employed  Employer (See Instruction Not Employed)				<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/20/2025 Sinclair, Caroline  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$5.00	
		Del Valle, TX 78617	,		Ĺ		
	Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	S)		
Date Full name of contributor out-of-state PAC (ID#:  02/20/2025 Sinclair, Caroline  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00		
	Principal occu Not Employe	Del Valle, TX 78617 pation / Job title (See Instructionsed	(5)	Employer (See Instructions Not Employed	<u> </u> S)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/20/2025 Sinclair, Caroline  Contributor address; City; State; Zip Code  Del Valle, TX 78617			Amount of Contribution (\$)	\$5.00		
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	s)		

	MONEI	ARY POLITICAL (	NS		SCHEDULE A1		
	The Instruc	ction Guide explains how	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 21/38	
2	FILER NAME Lone Star Pr	oject Nonfederal			3	Filer ID (Ethics Commission 00068390	n Filers)
4	05/29/2025 Sterling, Karen  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00		
8	Principal occu Not Employe	Cedar Creek, TX 78612 pation / Job title (See Instructions	s) 9	Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  05/15/2025 Thowfeek, Tariq  Contributor address; City; State; Zip Code  Austin, TX 78704			Amount of Contribution (\$)	\$100.00		
	Principal occupation / Job title (See Instructions)  Principal  Employer (See Instruction Seeker Strategies		Employer (See Instructions Seeker Strategies	<u>l</u> s)			
	Date Full name of contributor out-of-state PAC (ID#:)  03/24/2025 Valdez Sr, Carlos  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$9.00	
		Corpus Christi, TX 78415 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
Not Employed  Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00		
	Principal occu Profressor	pation / Job title (See Instructions	5)	Employer (See Instructions Rice University	5)		
	Date O2/13/2025  Full name of contributor out-of-state PAC (ID#:)  Zimmerman, Martha  Contributor address; City; State; Zip Code  Houston, TX 77023		•	Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	s)		

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 22/38 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lone Star Project Nonfederal 00068390 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 8 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 03/13/2025 Lone Star Project \$1,200.00 In-Kind Research to 7 Contributor address; City; State; Zip Code Elizabeth Beck Campaign Washington, DC 20003 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### 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 F dyment	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/16 Rpt: 23/38	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	
02/06/2025	AMR Group	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$1,500.00	531 West Court Street	
Expenditure from		
corporate funds	Seguin, TX 78156	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Research Consulting
		1000a.on Concatang
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		,
Date	Payee name	
03/03/2025	AMR Group	
Amount (\$)	Payee address; City; State; Zip Coo	de .
\$1,500.00	531 West Court Street	
Ψ=,000.0	Joe West Court Street	
Expenditure from corporate funds	Seguin, TX 78156	
PURPOSE OF	(	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Research Consulting
		<u> </u>
Complete ONLY if direct	Candidate/Officeholder name Office sout	yht Office held
expenditure to benefit C/OI	4	
Date	Payee name	
04/07/2025	AMR Group	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1,500.00	531 West Court Street	
Expenditure from corporate funds	Seguin, TX 78156	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Research Consulting
One of the ONLY if aligned	Office source	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	oht Office held
•		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens /ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed	d above)
1	Total pages Schedule F1:	2	FILER NAME	<u> </u>					3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 2/16 Rpt: 24/38			Project Nonfede	ral					00068390		
4	Date	5	Payee name									
L	05/02/2025	L	AMR Group	)								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$1,500.00		531 West C	Court Street								
	- Company literary from											
L	Expenditure from corporate funds		Seguin, TX	78156								
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Consulting					<b>=</b>		de of Texas. Comp		
								Research Co		officeholder living	expense	
								cocaron co		g		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
$\vdash$	Date	Г	Davee name									
	06/10/2025		Payee name AMR Group									
		⊢			State	Zip Co	do					
	Amount (\$) \$2,500.00		Payee addre		Siale,	∠ıµ C0	ue					
	φ2,500.00		DOT MESIC	Juli Sueel								
	Expenditure from corporate funds		Seguin, TX	78156			_					
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Consulting	Expense				<b>—</b>		de of Texas. Comp officeholder living		
								Research Co			evhense	
										9		
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/O						-					
	Date		Payee name									
	01/28/2025		Amalgamat									
	Amount (\$)	$\vdash$	Payee addre		State:	Zip Co	de					
	\$107.25		1825 K Stre		Ciaro,	_,5 00						
	<del></del>			- ·								
	Expenditure from corporate funds		Washingtor	n, DC 20006								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>		de of Texas. Comp		
								Bank Fees	ı, IX,	officeholder living	expense	
								Dank i 663				
	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name		Office sou	aht			Office he	ıld	
	expenditure to benefit C/O		_ 3			55 500	ar			J50 110		
	rme provided by Tayes F	thic	oc Commics:	on ···	nana othics s	tata tv ··	10				Vorcion V	1 1 0 f1040f40
-0I	rms provided by Texas E	unc	s commissi	UII W	/ww.ethics.s	เลเษ.เX.U	15				version V	l.1.0.f10d0fd8

### 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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1. Total names Calculute 54	
1 Total pages Schedule F1:	
Sch: 3/16 Rpt: 25/38	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
02/26/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$122.21	1825 K Street NE
Expenditure from	Washington, DC 20006
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Bank Fees
	Saint 666
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
,	
Date	Payee name
03/27/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$106.71	1825 K Street NE
Expenditure from corporate funds	Washington, DC 20006
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Chock if travel outside of Toyas, Complete Schedule T
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Bank Fees
	24
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>o</b>
Date	Payee name
04/25/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$90.00	1825 K Street NE
Expenditure from corporate funds	Washington, DC 20006
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Bank Fees
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 Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Lone Star Project Nonfederal Sch: 4/16 Rpt: 26/38 00068390 4 Date Payee name 05/29/2025 Amalgamated Bank 6 Amount (\$) Payee address; State; Zip Code \$122.25 1825 K Street NE Expenditure from Washington, DC 20006 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/27/2025 Amalgamated Bank Amount (\$) Payee address; City; State; Zip Code \$106.46 1825 K Street NE Expenditure from Washington, DC 20006 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2025 First Bank Merchant Services Amount (\$) Payee address: City: State; Zip Code \$19.95 PO Box 6600 Expenditure from corporate funds Hagerstown, MD 21740 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Processing Fees** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 27/38	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
01/03/2025	First Bank Merchant Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$168.95	PO Box 6600
Expenditure from corporate funds	Hagerstown, MD 21740
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  Processing Fees
	1 Toccssing Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/03/2025	First Bank Merchant Services
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 6600
Expenditure from corporate funds	Hagerstown, MD 21740
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
02/03/2025	First Bank Merchant Services
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 6600
Expenditure from corporate funds	Hagerstown, MD 21740
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	·

### 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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/16 Rpt: 28/38	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	
03/03/2025	First Bank Merchant Services	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$19.95	PO Box 6600	
Expenditure from corporate funds	Hagerstown, MD 21740	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Processing Fees
O Commission ONLY if alice at	One stidents (Office Includes a second	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	ht Office held
Date	Payee name	
03/03/2025	First Bank Merchant Services	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$19.95	PO Box 6600	
Expenditure from		
corporate funds	Hagerstown, MD 21740	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing Fees
		· ·
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O	Н	
Date	Payee name	
04/03/2025	First Bank Merchant Services	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$19.95	PO Box 6600	
Expenditure from corporate funds	Hagerstown, MD 21740	
PURPOSE		b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht Office held
SAPORALIA TO BOHOR O/O	•	

### 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/Politic Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OT  The Instruction Guide explains how to complete this form.	HER (enter a category not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 File	er ID (Ethics Commission Filers)
Sch: 7/16 Rpt: 29/38		068390
4 Date	5 Payee name	
04/03/2025	First Bank Merchant Services	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$19.95	PO Box 6600	
Expenditure from corporate funds	Hagerstown, MD 21740	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1 1 563	f Texas. Complete Schedule T.
	Check if Austin, TX, offic Processing Fees	cenoider living expense
	Flocessing Fees	
		000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  OH	Office held
Date	Payee name	
05/05/2025	First Bank Merchant Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$19.95	PO Box 6600	
Expenditure from corporate funds	Hagerstown, MD 21740	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1 003	f Texas. Complete Schedule T.
	Check if Austin, TX, office Processing Fees	cenoider living expense
	Flocessing Fees	
Commisto ONII V if divest	Constitute / Office helder norms	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  OH	Office held
<u>'</u>		
Date	Payee name	
05/05/2025	First Bank Merchant Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$19.95	PO Box 6600	
Expenditure from corporate funds	Hagerstown, MD 21740	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1003	f Texas. Complete Schedule T.
	Check if Austin, TX, office	cenoider living expense
	Processing Fees	
Occupation Chilly (1)	Our stitute (Office lead on many)	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  OH	Office held
L		

### 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: 8/16 Rpt: 30/38	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
06/03/2025	First Bank Merchant Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19.95	PO Box 6600
Expenditure from corporate funds	Hagerstown, MD 21740
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  Processing Fees
	1 Toccssing rees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/03/2025	First Bank Merchant Services
Amount (\$)	Payee address; City; State; Zip Code
\$19.95	PO Box 6600
- Funanditura from	
Expenditure from corporate funds	Hagerstown, MD 21740
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
	Processing Fees
Commission ONII V if dispose	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/31/2025	LexisNexis
Amount (\$)	Payee address; City; State; Zip Code
\$1,671.21	9443 Springboro Pike
Expenditure from	
corporate funds	Miamisburg, OH 45342
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/16 Rpt: 31/38 Lone Star Project Nonfederal 00068390 4 Date Payee name 03/03/2025 LexisNexis 6 Amount (\$) Payee address; City; State; Zip Code \$1,669.09 9443 Springboro Pike Expenditure from Miamisburg, OH 45342 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2025 LexisNexis Amount (\$) Payee address; City; State; Zip Code \$1,669.09 9443 Springboro Pike Expenditure from Miamisburg, OH 45342 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/30/2025 LexisNexis Amount (\$) Payee address: City: State; Zip Code \$1,669.09 9443 Springboro Pike Expenditure from corporate funds Miamisburg, OH 45342 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/16 Rpt: 32/38	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	<u>'</u>
06/04/2025	LexisNexis	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$1,752.54	9443 Springboro Pike	
Expenditure from corporate funds	Miamisburg, OH 45342	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Cubconputin
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O		2
Date	Payee name	
06/25/2025	LexisNexis	
Amount (\$)	Payee address; City; State; Zip Cod	0
\$1,752.54	9443 Springboro Pike	е
φ1,752.54	3443 Springbord Fike	
Expenditure from corporate funds	Miamisburg, OH 45342	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O	•	
Date	Payee name	
01/07/2025	Lone Star Project - Federal Account	
Amount (\$)	Payee address; City; State; Zip Cod	۵
\$4,950.00	6 E St SE	G
Ψ4,330.00	0 2 31 32	
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE	_	b) Description
OF	Transfer	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Transfer for Allocated Expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht Office held
experientare to beliefit 6/01	•	

### 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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/16 Rpt: 33/38	Lone Star Project Nonfederal	00068390
4 Date	5 Payee name	<u> </u>
01/30/2025	Lone Star Project - Federal Account	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$32,908.10	6 E St SE	
Expenditure from		
corporate funds	Washington, DC 20003	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transfer	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transfer for Allocated Expenses
		Transfer for Allocated Expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		•
Date	Payee name	
02/27/2025	Lone Star Project - Federal Account	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$13,737.74	6 E St SE	
,		
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Transfer	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transfer for Allocated Expenses
		·
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
03/05/2025	Lone Star Project - Federal Account	
Amount (\$)	Payee address; City; State; Zip Co	de
\$4,728.13	6 E St SE	
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transfer	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transfer for Allocated Expenses
		Transier for Allocated Expenses
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		gni Onice held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 12/16 Rpt: 34/38	Lone Star Project Nonfederal  00068390
4 Date	5 Payee name
03/24/2025	Lone Star Project - Federal Account
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17,679.67	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/04/2025	Lone Star Project - Federal Account
Amount (\$)	Payee address; City; State; Zip Code
\$11,980.62	6 E St SE
Expenditure from	
corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/10/2025	Lone Star Project - Federal Account
Amount (\$)	Payee address; City; State; Zip Code
\$5,360.40	6 E St SE
Expenditure from	Washington DC 20002
corporate funds	Washington, DC 20003
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transfer  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4

### SCHEDULE F1

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

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	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: 13/16 Rpt: 35/38	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
04/25/2025	Lone Star Project - Federal Account
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$9,900.00	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Transfer for Allocated Expenses
	Transfer for Allocated Expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Dete	
Date	Payee name
04/25/2025	Lone Star Project - Federal Account
Amount (\$)	Payee address; City; State; Zip Code
\$17,651.45	6 E St SE
Expenditure from	
corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
06/04/2025	Lone Star Project - Federal Account
Amount (\$)	Payee address; City; State; Zip Code
\$20,195.85	6 E St SE
Expenditure from	
corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
57.poa.ta. 5 to 5011011t 0/01	

### 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

**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: 14/16 Rpt: 36/38	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
06/24/2025	Lone Star Project - Federal Account
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21,068.69	6 E St SE
Expenditure from corporate funds	Washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transfer
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Transfer for Allocated Expenses
• • • • • • • • • • • • • • • • • • • •	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/06/2025	Panger, Josh
Amount (\$)	Payee address; City; State; Zip Code
\$5,683.13	619 Broadway
Expenditure from corporate funds	Lubbock, TX 79401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Research Consulting
	Research Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/03/2025	Panger, Josh
Amount (\$)	Payee address; City; State; Zip Code
\$6,213.55	619 Broadway
Expenditure from corporate funds	Lubbock, TX 79401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Research Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Palaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			d/Rental Expense e se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<u> </u>					(Ethios Commission Filers)			
Sch: 15/16 Rpt: 37/38		2 FILER NAME Lone Star Project Nonfederal 3 Filer ID (Ethics Commission Filers 00068390						(Etnics Commission Filers)
4 Date	5 Payee name							
04/07/2025		Panger, Josh						
6 Amount (\$) \$5,542.40	-	7 Payee address; City; State; Zip Code 619 Broadway						
Expenditure from corporate funds	Lubbock, T	X 79401						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Research Consulting							
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ceholder name	Office s	ought			Office he	eld
Date	Payee name							
05/02/2025	Panger, Jo							
Amount (\$) \$5,152.70	Payee addre	•	State; Zip (	Code				
Expenditure from corporate funds	Lubbock, T	X 79401						
PURPOSE OF EXPENDITURE	(a) Category (s Consulting	ee Categories listed at the to Expense	p of this schedule)	(b)		, TX,	de of Texas. Com officeholder living ulting	
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office s	ought			Office he	eld
Date 06/06/2025	Payee name Panger, Jo							
Amount (\$) \$5,813.03	Payee addre		State; Zip (	Code				
Expenditure from corporate funds	Lubbock, T	X 79401						
PURPOSE OF EXPENDITURE	(a) Category (s Consulting	ee Categories listed at the to Expense	p of this schedule)	(b)		, TX,	de of Texas. Com officeholder living ulting	
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office s	ought			Office he	eld

### 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
Legal Services

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

Candidate/Officeholder/Politica Credit Card Payment	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: 16/16 Rpt: 38/38	Lone Star Project Nonfederal 00068390
4 Date	5 Payee name
02/05/2025	Swash Labs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,770.00	303 N Carroll Blvd
Expenditure from corporate funds	Denton, TX 76201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Digital Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/29/2025	Swash Labs
Amount (\$)	Payee address; City; State; Zip Code
\$15,040.00	303 N Carroll Blvd
Ψ <b>2</b> 0,0 10.00	
Expenditure from corporate funds	Denton, TX 76201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Digital Ads
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	