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) 00088252 3 COMMITTEE NAME **OFFICE USE ONLY** Texans United for a Conservative Majority PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 121038 Date Hand-delivered or Date Postmarked Change of Address Fort Worth, TX 76121 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Justin NAME NICKNAME LAST **SUFFIX** Maloney STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 451 Meadow Pl. Drive STREET **ADDRESS** (Residence or Business) Willow Park, TX 76087 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 121038 MAILING **ADDRESS** Fort Worth, TX 76121 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (682) 267-8457 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texans United for a	00088252			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported David Lowe State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,137,660.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	203,908.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	5,109,691.02
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	l		·	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		luctio A	Maloney	
		Signature of Can		er
AFFIX NOTA	RY STAMP / SEAL ABOVE	5	, 3	
Sworn to and subscrib	ped before me, by the said	, th	is the _	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	r administering oath

FORM GPAC ADDENDUM

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OMMITTEE NAME exans United for a Cor OMMITTEE CTIVITY	nservative Majority P	PAC		13 Filer ID 00088252	(Ethics Commission Filers)
OMMITTEE		PAC		l 00088252	
	 Candidates 				
	(Identify by name or, if applicable, classify by party.)		Shelley Luther State Representa	ative	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul State Representation	ve	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Bryan Hughes State Senator		
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	attach lists on plain aper to complete this port if necessary.) OMMITTEE CTIVITY attach lists on plain aper to complete this	Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if or issue.)	3. Officeholders Assisted (identify by name or, if applicable, classify by party.) OMMITTEE CTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 2. Measures (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted 3. Officeholders Assisted	3. Officeholders Assisted (identity by name or, if applicable, classity by party.) 1. Candidates (identity tyname or, if applicable, classity by party.) 1. Candidates (identity tyname or, if applicable, classity by party.) 1. Candidates (identity tyname or, if applicable, classity by party.) 2. Measures (identity by name or, if applicable, classity by date and location of election and nature of issue.) 3. Officeholders Assisted (identity by name or, if applicable, classity by party.) 1. Candidates (identity by name or, if applicable, classity by party.) 2. Measures (identity by name or, if applicable, classity by party.) 3. Officeholders Assisted (identity by name or, if applicable, classity by party.) 4. Supported B. Opposed 5. Opposed 6. Supported 6. Supported 7. Supported 8. Opposed 9. Opposed 1. Candidates (identity by name or, if applicable, classity by party.) 8. Opposed 9. Opposed 1. Candidates (identity by name or, if applicable, classity by party.) 8. Opposed 9. Opposed 1. Opposed 1. Opposed	3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) DMMITTEE CTIVITY Ittach lists on plain apper to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) DMMITTEE CTIVITY Ittach lists on plain apper to complete this port if necessary.) A. Supported B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) Ittach lists on plain apper to complete this port if necessary.) A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (Describe of detection and nature of issue.) B. Opposed

FORM GPAC ADDENDUM

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						1 490 1 01 2 1
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texans United for a Cor	nservative Majority P	PAC		00088252	
	COMMITTEE	1. Candidates		Lois Kolkhorst State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		LOIS KOIKHOISE State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
_	COMMITTEE	applicable, classify by party.)		D. Novil Co. 5		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if)	A. Supported	David Cook State Representative	/e	
	(Attack lists on white	applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and	A. Supported			
		location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Bob Hall State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

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			13 Filer ID	(Ethics Commission Filers)
onservative Majority P	PAC		00088252	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Matt Morgan State Representat	ive	
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Alan Schoolcraft State Represe	ntative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Helen Kerwin State Representa	tive	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Opposed A. Supported A. Supported B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported A. Supported A. Supported B. Opposed A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported A. Supported B. Opposed B. Opposed B. Opposed B. Opposed	Inservative Majority PAC 1. Candidates (dentity by name or, if applicable, classify by parry.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) B. Opposed 4. Supported Alan Schoolcraft State Representative Describe by date and location of election and nature of issue.) B. Opposed 5. Measures (Describe by date and location of election and nature of issue.) B. Opposed 6. Supported Alan Schoolcraft State Representative 8. Opposed 7. Measures (Identify by name or, if applicable, classify by parry.) 8. Opposed 8. Opposed 7. Candidates (Identify by name or, if applicable, classify by parry.) 9. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by parry.) 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by parry.) 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.) 1. Candidates (Identify by name or, if applicable, classify by parry.)

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MITTEE NAME Ins United for a Con MITTEE VITY Ch lists on plain r to complete this t if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures	A. Supported	AJ Louderback State Represent	13 Filer ID 00088252 ative	(Ethics Commission Filers)
MITTEE VITY ch lists on plain r to complete this	Candidates (Identify by name or, if applicable, classify by party.) Measures	A. Supported	AJ Louderback State Represent		
VITY ch lists on plain r to complete this	(Identify by name or, if applicable, classify by party.) 2. Measures		AJ Louderback State Represent	ative	
r to complete this		B. Opposed			
	(Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
MITTEE VITY	Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representati	ive	
ch lists on plain r to complete this t if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Candidates (Identify by name or, if applicable, classify by party.)		Dawn Buckingham Land Commi	issioner	
r to complete this		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by name)				
	MITTEE VITY ch lists on plain r to complete this t if necessary.)	applicable, classify by party.) MITTEE VITY 1. Candidates (Identify by name or, if applicable, classify by party.) ch lists on plain r to complete this t if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	applicable, classify by party.) MITTEE VITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	A. Supported Dawn Buckingham Land Comm (Identify by name or, if applicable, classify by party.) Ch lists on plain r to complete this t if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported A. Supported	MITTEE VITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Dawn Buckingham Land Commissioner B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported A. Supported

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						1 ago 1 0121
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texans United for a Conserv	vative Majority P	AC			00088252	
			Brandon Creig	hton State Senato	<u> </u>	
ACTIVITY (Iden	tify by name or, if cable, classify by party.)	7 Capported	brandon cicig	mon State Senate	Л	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
2. 1	Measures	A. Supported				
locati	cribe by date and ion of election and re of issue.)					
		B. Opposed				
(Iden	Officeholders Assisted http by name or, if					
	cable, classify by party.)					
A OTIV (IT) (Candidates	A. Supported	Andy Hopper	State Representat	ive	
applid	itify by name or, if cable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
2. 1	Measures	A. Supported				
locati	cribe by date and ion of election and re of issue.)					
		B. Opposed				
	Officeholders Assisted					
	tify by name or, if cable, classify by party.)					
ACTIVITY (Iden	Candidates tify by name or, if cable, classify by party.)	A. Supported	Brent Money S	State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
2. 1	Measures	A. Supported				
locati	cribe by date and ion of election and re of issue.)					
		B. Opposed				
	Officeholders Assisted					
(Iden	ASSISTEU itify by name or, if cable, classify by party.)					

FORM GPAC **ADDENDUM**

					Page 8 01 24
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texans United for a Cor	nservative Majority P	PAC		00088252	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Nate Schatzline State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Janis Holt State Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Katrina Pierson State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

FORM GPAC ADDENDUM

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IITTEE NAME IS United for a Co IITTEE ITY I lists on plain to complete this if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	A. Supported	Wes Virdell State Representativ	13 Filer ID 00088252	(Ethics Commission Filers)
IITTEE ITY I lists on plain to complete this	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	A. Supported B. Opposed A. Supported	Wes Virdell State Representativ		
ITY I lists on plain to complete this	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	B. Opposed A. Supported	Wes Virdell State Representativ	re	
to complete this	(Describe by date and location of election and nature of issue.) 3. Officeholders	A. Supported			
	(Describe by date and location of election and nature of issue.) 3. Officeholders				
		B. Opposed			
	Assisted (Identify by name or, if applicable, classify by party.)				
IITTEE	1. Candidates		Keresa Richardson State Repre	sentative	
ITY	(Identify by name or, if applicable, classify by party.)		Neresa Nemarason State Nepre	Scritative	
lists on plain to complete this if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
IITTEE ITY	Candidates (Identify by name or, if applicable, classify by party.)		Mitch Little State Representative	e	
llists on plain to complete this if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	o complete this	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed	B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				10 of 24
17 COMMITTI	EE NAME	18 Filer ID	(Ethics Con	nmission Filers)
Texans U	nited for a Conservative Majority PAC	00088252		
	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,137,660.00
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 CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$		
9.	SCHEDULE E: LOANS	\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	203,908.06
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ON	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 11/24	
2	FILER NAME Texans Unite	ed for a Conservative Majority PAC			3	Filer ID (Ethics Commission 00088252	Filers)
4	Date 01/12/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8		Lampasas, TX 76550 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID# Archibald, Penny Contributor address; City; State; Zip Code Lampasas, TX 76550		Retired		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 03/12/2025	Full name of contributor out-of-state PAC (ID# Archibald, Penny Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Lampasas, TX 76550 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Date 04/12/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Lampasas, TX 76550 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> ;)		
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID# Archibald, Penny Contributor address; City; State; Zip Code Lampasas, TX 76550)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 12/24
2	FILER NAME Texans Unite	ed for a Conservative Majority PAC			3	Filer ID (Ethics Commission Filers) 00088252
4	Date 06/12/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$25.00
8	Principal occu Retired	Lampasas, TX 76550 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Carroll, Don Contributor address; City; State; Zip Code Port Aransas, TX 78373)		Amount of Contribution (\$) \$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Chambers, Ruth Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$) \$1,000.00
	Principal occu Retired	Bulverde, TX 78163 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Crisp, Cullen Contributor address; City; State; Zip Code Granbury, TX 76049)		Amount of Contribution (\$) \$500.00
	Principal occu Self-employe	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	5)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Dunn, Timothy Contributor address; City; State; Zip Code Midland, TX 79710)	•	Amount of Contribution (\$) \$5,000,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions CrownQuest	s)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 13/24
2	FILER NAME Texans Unite	ed for a Conservative Majority PAC		3	Filer ID (Ethics Commission Filers) 00088252
4	Date 05/01/2025	5 Full name of contributor out-of-state PAC (ID#: Dunn, Timothy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$125,000.00
8	Principal occu	Midland, TX 79710 upation / Job title (See Instructions)	9 Employer (See Instructions CrownQuest	s)	
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:_Elswick, Roger Contributor address; City; State; Zip Code Houston, TX 77068			Amount of Contribution (\$) \$10,000.00
	Principal occu Investors	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)	
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#:_Palmer, Dana Contributor address; City; State; Zip Code Mckinney, TX 75070			Amount of Contribution (\$) \$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Palmer Law Group, PC		

SCHEDULE F1

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

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
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

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: 1/11 Rpt: 14/24	Texans United for a Conservative Majority PAC 00088252
4 Date	5 Payee name
06/27/2025	AJ Louderback Campaign
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P.O. Box 1792
Expenditure from corporate funds	Victoria, TX 77902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2025	Alan Schoolcraft Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$2,000.00	8647 FM 725
Expenditure from corporate funds	McQueeny, TX 87123
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Andy Hopper Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1581 CR 2224
Expenditure from corporate funds	Decatur, TX 76244
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment		
orodic odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)
Sch: 2/11 Rpt: 15/24	Texans United for a Conservative Majority PAC 00088252	
4 Date	5 Payee name	
01/28/2025	Ascend LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$7,800.00	3211 English Way	
Expenditure from corporate funds	Prospect, KY 40059	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Polling Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Voter Research	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	н	
Date	Payee name	
06/27/2025	Bob Hall Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	728 Private Road 7005	
Expenditure from corporate funds	Edgweood, TX 75117	
•		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
	Campaign Continuation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
	T	
Date	Payee name	
06/27/2025	Brandon Creighton Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	2257 N Loop 336	
	STE 140-366	
Expenditure from corporate funds	Conroe, TX 77304	
•		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 3/11 Rpt: 16/24	2 FILER NAME Texans United for a Conservative Majority PAC 3 Filer ID (Ethics Commission Filers) 00088252
4 Date	5 Payee name
06/30/2025	Brent Money Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	2606 Lee St.
Expenditure from	
corporate funds	Greenville, TX 75402
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
O Commission ONII V if diment	Condidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2025	Briscoe Cain Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 7
·	
Expenditure from corporate funds	Deer Park, TX 77536
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/27/2025	Bryan Hughes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 450
Expenditure from corporate funds	Mineola, TX 75773
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete CAU V & dia+	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	

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

	Consuling 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: 4/11 Rpt: 17/24	Texans United for a Conservative Majority PAC 00088252
4	Date	5 Payee name
	05/06/2025	CWS Research LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,525.00	8313 Mimi Lane
	Expenditure from corporate funds	Austin, TX 78724
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Voter Research
Ļ		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/29/2025	David Cook Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	309 E Broad Street
	Expenditure from corporate funds	Mansfield, TX 76063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaigh Continuation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	06/23/2025	David Lowe Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	7424 Park Place Dr
	Expenditure from corporate funds	North Richland Hillds, TX 76182
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign Contributions
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 5/11 Rpt: 18/24	Texans United for a Conservative Majority PAC 00088252
4 Date	5 Payee name
06/30/2025	David Lowe Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	7424 Park Place Dr
Expenditure from	
corporate funds	North Richland Hillds, TX 76182
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
06/27/2025	Dawn Buckingham Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 342524
Expenditure from	
corporate funds	Austin, TX 78734
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2025	Dennis Paul Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	626 1/2 Barringer Ln
	STE E
Expenditure from corporate funds	Webster, TX 77598
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 6/11 Rpt: 19/24	Texans United for a Conservative Majority PAC 00088252								
4 Date	5 Payee name								
06/27/2025	FedEx								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$599.27	PO Box 223125								
Expenditure from corporate funds	Pittsburg, PA 15251								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Shipping & Postage Check if travel outside of Texas. Complete Schedule T.								
	Check if Austin, TX, officeholder living expense Postage for mailing checks								
	1 Ostage for mailing checks								
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OI									
Date	Payee name								
06/27/2025	Helen Kerwin Campaign								
Amount (\$)	Payee address; City; State; Zip Code								
\$2,000.00	420 Grande Avenue								
Ψ2,000.00	420 Orande Avende								
Expenditure from corporate funds	Glen Rose, TX 76043								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By								
	Candidate/Officeholder/Political Committee								
	Campaign Contribution								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI									
Date	Payee name								
06/30/2025	Janis Holt Campaign								
Amount (\$)	Payee address; City; State; Zip Code								
\$5,000.00	P.O. Box 1311								
Expenditure from									
corporate funds	Silsbee, TX 77656								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By								
EXI ENDITORE	Candidate/Officeholder/Political Committee								
	Campaign Contribution								
Complete CAU V & dia+	Condidate/Officeholder name Office cought								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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:	
Sch: 7/11 Rpt: 20/24	Texans United for a Conservative Majority PAC 00088252
4 Date	5 Payee name
06/30/2025	Katrina Pierson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	609 S Golliad St. 672
Expenditure from corporate funds	Rockwall, TX 75087
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLADITORL	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u></u>
Date	Payee name
06/30/2025	Keresa Richardson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 1179
Expenditure from corporate funds	McKinney, TX 75070
•	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Ÿ .
B-4-	
Date	Payee name
06/27/2025	Lois Kolkhorst Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 2546
Expenditure from	
corporate funds	Brenham, TX 77834
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORL	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit Groi	<u> </u>

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	
4 Tatal manua Cabadala E4.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 8/11 Rpt: 21/24	2 FILER NAME Texans United for a Conservative Majority PAC 3 Filer ID (Ethics Commission Filers) 00088252
4 Date	5 Payee name
06/27/2025	Matt Morgan Campaign
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 503 FM 359
+ =,000.00	Suite 130
Expenditure from corporate funds	Richmond, TX 77406
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Mitch Little Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1505 Elm Street
	Ste. 1601
Expenditure from corporate funds	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Nate Schatzline Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 162564
Expenditure from corporate funds	Fort Worth, TX 76161
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
0 1. 6	
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/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 9/11 Rpt: 22/24	2 FILER NAME Texans United for a Conservative Majority PAC 3 Filer ID (Ethics Commission Filers) 00088252
4 Date	5 Payee name
01/08/2025	Peerly Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32,000.00	2232 Dell Range Rd.
	STE 287
Expenditure from corporate funds	Cheyenne, WY 82009
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Text Credits
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/01/2025	Sergio Porres Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	700 McCoy Drive
— Formanditure from	
Expenditure from corporate funds	Irving, TX 75062
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	o
Date	Payee name
06/23/2025	Shelley Luther Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	587 White Mound Road
Expenditure from corporate funds	Sherman, TX 75090
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/11 Rpt: 23/24	Texans United for a Conservative Majority PAC 00088252
4 Date	5 Payee name
06/30/2025	Shelley Luther Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	587 White Mound Road
Expenditure from corporate funds	Sherman, TX 75090
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Texas Bank
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	901 Santa Fe Dr.
φου.ου	ool Garia i o Bii
Expenditure from corporate funds	Weatherford, TX 76086
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense W/T Fees
	WITT CC3
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Wes Virdell Campaign
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 147
φ5,000.00	PO BOX 147
Expenditure from corporate funds	Brady, TX 76825
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Operation Children	Orandidate (Office hadden groups
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought 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	/ - Il Cor	mmittee	Legal Service	Memorials Exp es			xpens Vages	e Contract Labor te this form.		Travel in Distr Travel Out of OTHER (ente	Distric	t egory not listed a	bove)
1	Total pages Schedule F1:	2	FILER NAMI	 E						3	Filer ID	(E	Ethics Commiss	sion Filers)
	Sch: 11/11 Rpt: 24/24		Texans Un		Conserva	ive Majo	rity PAC	2			00088252			,
4	Date	5	Payee name	!										
	06/30/2025		WinRed											
6	Amount (\$)	7	Payee addre		ty;	State;	Zip Co	ode						
	\$433.79		1776 Wilso	n Blvd										
	- Evnanditura from		Suite 530											
L	Expenditure from corporate funds		Arlington, \	/A 22219										
8	PURPOSE OF	(a)	Category (S		s listed at the to	p of this sche	dule)	(b)	Description					
	EXPENDITURE		Accounting	/Banking					Check if travel Check if Austin					
									Payment pro			iiig ex	pense	
									r dymone pro-	000	.001 1000			
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Off	iceholder n	name	0	ffice sou	l ight			Office	held		