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) 00066420 3 COMMITTEE NAME **OFFICE USE ONLY Delisi Communications PAC** Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1210 Nueces St. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. **Thomas** NAME NICKNAME LAST **SUFFIX** Delisi STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1210 Nueces St. STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1210 Nueces St. MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 348-6680 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)
Delisi Communications	PAC		00066420	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rhetta Andrews Bowers State	e Representat	tive
(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 M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	15,350.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all infor under Title 15, Election Code.		
		Mr. Tho	mas Delisi	
		Signature of Ca	ımpaign Treası	ırer
AFFIX NOTAR	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, t	his the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

FORM GPAC ADDENDUM

Page 3 of 16

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Delisi Communications					00066420	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brad Buckley Sta	te Representat	tive	
(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	1. Candidates	A. Supported	Hillary Hickland S	tate Represen	tative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		-	·		
(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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Pat Curry State R	epresentative		
(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.)					
	(Identify by name or, if					

FORM GPAC ADDENDUM

Page 4 of 16

							1 490 1 01 10
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC				00066420	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Mary Ann Perez State Represer	I ntative	
	(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. :	Supported			
			В. (Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
	COMMITTEE	1. Candidates	Α. :	Supported	Denise Villalobos State Represe	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. :	Supported			
			В. (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.)	A. :	Supported	Dennis Paul State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. :	Supported			
			В. (Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
)				

FORM GPAC ADDENDUM

Page 5 of 16

						1 490 0 01 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Delisi Communications	PAC			00066420	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Morgan Meyer State Represent	ative	
	(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.)				
	COMMITTEE	Candidates		Jeff Barry State Representative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Jen Barry 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.)	A. Supported	Jeff Leach State Representative	9	
	(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.)				
		applicable, classily by party.)	<u> </u>			

FORM GPAC ADDENDUM

Page 6 of 16

								ı agı	0 01 10
12	COMMITTEE NAME						13 Filer ID	(Ethics Commiss	sion Filers)
	Delisi Communications	PAC					00066420		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	John McQueeney Stat	te Represe	entative		
	(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.)	Α.	Supported					
			B.	Opposed					
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))						
	COMMITTEE	1. Candidates	A.	Supported	Jared Patterson State	Represen	tative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			carear anorogn chare	торгосоп			
	(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.)	A.	Supported	David Spiller State Re	presentati	ve		
	(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.))						
		applicable, classify by party.))						

FORM GPAC ADDENDUM

Page 7 of 16

										go 1 01 10
12	COMMITTEE NAME						13 Filer ID	(Eth	ics Comm	ission Filers)
	Delisi Communications	PAC					00066420)		
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Angelia Orr	State Repres	entativ				
	(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. Supporte	d						
			B. Opposed							
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
	COMMITTEE	1. Candidates	A. Supporte	d Giovanni Ca	apriglione Stat	te Repr	resentative			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)								
	(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. Supporte	d						
			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.)	A. Supporte	d Dustin Burro	ows State Rep	oresent	tative			
	(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. Supporte	d						
			B. Opposed							
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
		Assisted								

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

PURPUSE						Page 8 of 16
					T	
12 COMMITTEE NAME	D.4.0				13 Filer ID	(Ethics Commission Filers)
Delisi Communications					00066420	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Caroline Fairly	State Represent	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.)					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			9 of 16
17 COMMITTE Delisi Cor	EE NAME nmunications PAC	18 Filer ID 00066420	(Ethics Commission Filers)
19 SCHEDUL NAME OF	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,000.00
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 CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 15,350.00
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 TO FILER	RETURNED	\$

M	ONET	ARY POLITICAL CONTRIBUTION	SNC	6		SCH	IEDU	LE A1
Th	ne Instru	ction Guide explains how to complete this	1	Total pages Schedul Sch: 1/1 Rpt: 10/1				
	ER NAME	nunications PAC		3	Filer ID (Ethics Co	mmissi	on Filers)	
4 Da	Date 06/25/2025 5 Full name of contributor out-of-state PAC (ID#:) Delisi, Thomas (Mr.) 6 Contributor address; City; State; Zip Code				7	Amount of Contributi	on (\$)	\$12,000.00
		Austin, TX 78701						
	ncipal occu esident	pation / Job title (See Instructions)		Employer (See Instructions Delisi Communications,		: .		
Da 06	te /30/2025	Full name of contributor out-of-state PAC (ID#: Delisi, Thomas (Mr.) Contributor address; City; State; Zip Code)		Amount of Contributi	on (\$)	\$3,000.00
		Austin, TX 78701						
	ncipal occu esident	pation / Job title (See Instructions)		Employer (See Instructions Delisi Communications,		÷.		

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of 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: 1/6 Rpt: 11/16	Delisi Communications PAC 00066420
4 Date	5 Payee name
06/20/2025	Angelia Orr for Texas House
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 337
Expenditure from corporate funds	Itasca, TX 76055
8 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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2025	Brad Buckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	7321 FM #2843
Expenditure from corporate funds	Salado, TX 76571
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.
EXPENDITORE	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
06/23/2025	Caroline Fairly for Texas State House
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1000 S. Tyler St. Apt. 10
Expenditure from corporate funds	Amarillo, TX 79101
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 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 Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 12/16	Delisi Communications PAC 00066420
4 Date	5 Payee name
06/20/2025	David Spiller for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 447
— Forest dit us form	
Expenditure from corporate funds	Jacksboro, TX 76458
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
9 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
06/20/2025	Denise Villalobos Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	10330 Kingsbury Dr
Expenditure from corporate funds	Corpus Christi, TX 78410
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 <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
06/20/2025	Dennis Paul Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	626 1/2 Barringer Ln Ste A
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 Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Campaign Continuution
Occupation Children	Ora didata (Office hadden grans
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 Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 3/6 Rpt: 13/16	Delisi Communications PAC 00066420	
4 Date	5 Payee name	
06/23/2025	Dustin Burrows Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3,000.00	10507 Quaker Ave, Ste 103	
Expenditure from corporate funds	Lubbock, TX 79424	
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.	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Campagn Continuation	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	the state of the s	
Dete		_
Date	Payee name	
06/20/2025	Giovanni Capriglione Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	PO BOX 92007	
Expenditure from		
corporate funds	Southlake, TX 76092	
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	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
Date	Payee name	
06/20/2025	Hillary Hickland Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	6318 Brayson Oaks Ct.	
Expenditure from		
corporate funds	Belton, TX 76513	
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 CNII V if direct	Candidate/Officeholder name Office cought Office hold	
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

Event Expense 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

	Candidate/Officeholder/Politica			es/Wag	es/Contract Labor OTHER (enter a category not listed above)			
Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 4/6 Rpt: 14/16		Delisi Communications PAC		00066420			
4	Date	5	Payee name		<u> </u>			
	06/20/2025		Jared Patterson Campaign					
6	Amount (\$)	7	Payee address; City; State; Zip	Code				
	\$500.00		4412 Sapphire Dr.					

Г	Expenditure from		Ericco TV 75024					
_	d corporate funds	<u> </u>	Frisco, TX 75034	10				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	a)	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 Scriedule 1. Check if Austin, TX, officeholder living expense			
			Candidate/Officeriolder/Folitical Committee		Campaign Contribution			
9	Complete ONLY if direct		Candidate/Officeholder name Office :	sonap.	t Office held			
٠	expenditure to benefit C/OI		Sandado, emechelae name	oougii	Cinide Hold			
_	Date	Г	Davida nama					
	06/20/2025		Payee name Jeff Barry Campaign					
		_	<u> </u>					
Amount (\$)			Payee address; City; State; Zip	Code				
	\$2,000.00		4418 Broadway St.					
_	T Expenditure from							
L	corporate funds		Pearland, TX 77581					
	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		Check if Austin, TX, officeholder living expense			
					Campaign Contribution			
	Commiste ONII V if diseast	<u> </u>	Condidate/Officeholder reces		A Office hold			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	sougn	t Office held			
	·	_						
	Date		Payee name					
	06/20/2025		Jeff Leach Campaign					
	Amount (\$)		Payee address; City; State; Zip	Code				
	\$1,000.00		800 Glen Rose Dr.					
	- Formanditura frans							
	Expenditure from corporate funds		Allen, TX 75013					
	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		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	7						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 5/6 Rpt: 15/16	Delisi Communications PAC 00066420					
4 Date	5 Payee name					
06/20/2025	John McQueeny Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	P.O. Box 100458					
Expenditure from corporate funds	Fort Worth, TX 76185					
8 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					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
06/20/2025	Mary Ann Perez Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$200.00	6200 Gulf Fwy #125					
Expenditure from corporate funds	Houston, TX 77023					
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 Contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	н					
Date	Payee name					
06/20/2025	Morgan Meyer for Texas					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	3838 Oak Lawn Ave, Ste 400					
Ψ1,000.00						
Expenditure from corporate funds	Dallas, TX 75219					
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	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 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (expense a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al 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: 6/6 Rpt: 16/16	Delisi Communications PAC	00066420
4 Date	5 Payee name	
06/20/2025	Pat Curry Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	204 Woodhew Drive	
Expenditure from corporate funds	Waco, TX 76712	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.
LAPENDITORE		, TX, officeholder living expense
	Campaign Co	ontribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
 Date	Payee name	
06/20/2025	Rhetta Andrews Bowers Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00		
\$200.00	3526 Lakeview Pkwy. Ste. B, #211	
Expenditure from		
corporate funds	Rowlett, TX 75088	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		outside of Texas. Complete Schedule T.
LAPENDITORE	Cartalacto/Cintoriolaci/i Cintoca Committee	, TX, officeholder living expense
	Campaign Co	ontribution
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O) Н	