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) 00015844 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Home School Coalition PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 6747 Date Hand-delivered or Date Postmarked Change of Address Lubbock, TX 79493 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Stephanie NAME NICKNAME LAST **SUFFIX** Lambert STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5567 93rd Street STREET **ADDRESS** (Residence or Business) Lubbock, TX 79424 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 6747 MAILING **ADDRESS** Lubbock, TX 79493 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 789-3006 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

		ı				
			13 Filer ID	(Ethics Commission Filers	3)	
Texas Home School	Coalition PAC		00015844			
4 COMMITTEE	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. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders	Rep. Paul Dennis State Repre	sentative			
	Assisted (Identify by name or, if applicable, classify by party.)	,				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	\$	\$ 0.00		
	2. TOTAL POLITICA	qualifies for the higher itemization threshold				
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	(0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	(0.00	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00	
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			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.				
		Mc Stanba	ınie Lambert			
		Signature of Car		er		
		Signature of Car	mpaigir rreasar	Ci		
AFFIX NOTA	RY STAMP / SEAL ABOVE					
Sworn to and subscril	bed before me, by the said _	, th	nis the	day		
		which, witness my hand and seal of office.				
Claustone of all	a administration	Drivetad manner of officers administration and	Tido - f - f"	au administante e e est		
Signature of officer	r administering oath	Printed name of officer administering oath	Title of office	er administering oath		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

			13 Filer ID	(Ethios Commission Filess)
			13 FIIEL ID	(Ethics Commission Filers)
alition PAC			00015844	
1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Huffines Don Comptroller		
	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.)	A. Supported			
	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		Sen. Middleton Mayes State Se	nator	
	(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	(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 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.) 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 B. Opposed A. Supported B. Opposed Supported Supported B. Opposed Supported Supported	(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 Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed Sen. Middleton Mayes State Senator Assisted (Identify by name or, if applicable, classify by party.) B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		4 of 4
17 COMMITTEE NAME Texas Home School Coalition PAC	L 8 Filer ID 00015844	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	?	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAT LABOR ORGANIZATION	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGAI	NIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OF	RGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ETURNED	\$