#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00065303 15 Date Received COMMITTEE New American PAC **ELECTRONICALLY FILED** NAME 07/18/2025 TREASURER Dubove, Fernando (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Day Month Day Year Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** Pledges were missing to record and & file. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Fernando Dubove Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

#### 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) 00065303 3 COMMITTEE NAME **OFFICE USE ONLY** New American PAC Date Received **ELECTRONICALLY FILED** 07/18/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1111 W. Mockingbird Ln Date Hand-delivered or Date Postmarked Suite 1200 Change of Address Dallas, TX 75247 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Fernando NAME NICKNAME LAST **SUFFIX** Dubove STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1111 W. Mockingbird Ln STREET **ADDRESS** Suite 1200 (Residence or Business) Dallas, TX 75247 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1111 W. Mockingbird Ln MAILING **ADDRESS** Suite 1200 Dallas, TX 75247 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 941-8300 x132 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 χ 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)
New American PAC			00065303	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Veronica Lopez For Grand	d Prairie ISD 1	Trustee
(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		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	52,123.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	54,780.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,647.62
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mr. Fernar	ndo Dubove	
		Signature of Car	mpaign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 4 of 15

								1 ago 1 01 10
12	COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
	New American PAC						00065303	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ted	Ms. Camille Rodrigue	ez Fort Wor	th ISD District :	1
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted				
			B. Oppose	ed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	COMMITTEE	1. Candidates	A. Suppor	ted	Ms. Prisma Garcia M	/lember of th	ne Dallas Inden	endent School District 4
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			Mo. r noma Garda I		To Buildo IIIdop	ondone concor bloaner
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted				
			B. Oppose	ed				
		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. Suppor	ted	Mr. Maxie Johnson	Dallas City (	Council to repre	esent District 4
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted				
			B. Oppose	ed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
		applicable, classify by party.)						

## GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

PURPUSE						Page 5 of 15
L2 COMMITTEE NAME  New American PAC				:	13 Filer ID 00065303	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Ms. Judy Castillo F Trustees.	For Humble ISE	to represent	School Board of
(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.)					

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

					6 of 15
l		EE NAME rican PAC	<b>18</b> Filer ID 00065303	(Ethics Cor	nmission Filers)
<b>19</b> SC	HEDULI	E SUBTOTALS			
NA	ME OF	SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	52,123.08
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	4,500.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	54,780.36
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 I TO FILER	RETURNED	\$	

	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: 1/2 Rpt: 7/15
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	New America	an PAC				00065303
4	Date 03/05/2025  5 Full name of contributor out-of-state PAC (ID#:) Garcia, Domingo (Mr.)  6 Contributor address; City; State; Zip Code			<u> </u>	Amount of Contribution (\$) \$30,000.00	
		Dallas, TX 75247				
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instruc	ctions)	
	Attorney			Law office of Domir	ngo A. (	Garcia PC
	Date	Full name of contributor	out-of-state PAC (ID#:		<u>)  </u>	Amount of Contribution (\$)
	03/10/2025   Garcia, Domingo (Mr.)			\$1,923.08		
	Contributor address; City; State; Zip Code				7-,0-0.00	
		Dallas, TX 75247				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruc	ctions)	
	Attorney Law office of Domingo			ngo A. (	Garcia PC	
	Date	Full name of contributor	out-of-state PAC (ID#:		)	Amount of Contribution (\$)
	04/14/2025	Garcia, Domingo (Mr.)	_			\$10,000.00
		Contributor address; City; S  Dallas, TX 75247	tate; Zip Code			
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruc	ctions)	
	Attorney			Law office of Domir	ngo A. (	Garcia PC
	Date	Full name of contributor	out-of-state PAC (ID#:		<u>,                                    </u>	Amount of Contribution (\$)
	05/01/2025	Garcia, Domingo (Mr.)  Contributor address; City; S  Dallas, TX 75247				\$10,000.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instruc	l_	
	Attorney	patient, cos title (cos metractions	-,	Law office of Domir		Garcia PC
		Full consent contributes	<u> </u>		. I	
	Date	Full name of contributor	out-of-state PAC (ID#:		)	Amount of Contribution (\$)
	06/17/2025	Garcia, Fernando (Mr.)				\$100.00
		Contributor address; City; S  Dallas, TX 75224	tate; Zip Code			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruc	ctions)	
	HR Manager					

MONEI	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A
The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 8/15
FILER NAME		3 Filer ID (Ethics Commission Filers 00065303	
Oate 06/10/2025	5 Full name of contributor  out-of-state PAC (II Garcia, Joaquin (Mr.)  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$100	
	Dallas, TX 75233		
		9 Employer (See Instruction	ns)
	FILER NAME  New Americ  Pate  16/10/2025	ILER NAME  Jew American PAC  Jew American PAC  Jew American PAC  Garcia, Joaquin (Mr.)  Garcia, Joaquin (Mr.)  Garcia, Joaquin (Mr.)	Alew American PAC  Date   5  Full name of contributor   out-of-state PAC (ID#:)  Garcia, Joaquin (Mr.)  6  Contributor address; City; State; Zip Code  Dallas, TX 75233  Principal occupation / Job title (See Instructions)  9  Employer (See Instructions)

PLEDO	GED CONTRIBUT	TONS			SCHEDULE B		
The	The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/1 Rpt: 9/15		
	P. FILER NAME  New American PAC				ics Commission Filers)		
4 TOTAL O	TOTAL OF UNITEMIZED PLEDGES			\$	0.00		
5 Date 01/16/2025	Castillo, Judy (Ms.)  7 Pledgor Address; City; State; Zip Code			8 Amount of pledge (\$) \$1,000.00	9 In-kind description (If applicable) Donation		
	Humble, TX 77396			Check if travel outs	I I I side of Texas. Complete Schedule T.		
<b>10</b> Principal oc	cupation / Job title (See Instruc	tions)	11 Employer (See Instru	ictions)			
5 Date 03/11/2025	6 Full name of pledgor Johnson, Maxie (Mr.) 7 Pledgor Address;	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$2,500.00	9 In-kind description (If applicable) Donation		
<b>10</b> Principal oc	Dallas, TX 75339 cupation / Job title (See Instruc	tions)	11 Employer (See Instru	<u> </u>	i ide of Texas. Complete Schedule T.		
5 Date 01/20/2025	6 Full name of pledgor Rodriguez, Camille 7 Pledgor Address; Fort Worth, TX 76164	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$1,000.00	9 In-kind description (If applicable) Donation I I I I I I I I I I I I I I I I I I I		
10 Principal oc	cupation / Job title (See Instruc	itions)	11 Employer (See Instru	<u> </u>	, , , , , , , , , , , , , , , , , , ,		

#### 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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in 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	3)
Sch: 1/6 Rpt: 10/15	New American PAC 00065303	
4 Date	5 Payee name	
04/08/2025	Beyond The Slogan Consulting	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$8,400.00	2710 Routh Creek #1102	
•		
Expenditure from corporate funds	Richardson, TX 75082	
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	
	MMS Texts	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	
05/07/2025	Beyond The Slogan Consulting	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,425.00	2710 Routh Creek #1102	
Expenditure from corporate funds	Richardson, TX 75082	
·		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Door Hanger, 150 MMS Texts	
	Bool Hanger, 150 Mino Texts	
Complete ONLY if direct	Condidate/Officeholder name Office course	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
03/03/2025	Democracy Toolbox	
Amount (\$)	Payee address; City; State; Zip Code	
\$8,595.00	PO Box 6250,	
Expenditure from	McKinney, TX 75071	
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Consulting, Canvassing,	
Occupation Children	Out tile to 10 ff and hald as marries and the second in th	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
onponditure to beliefit 6/01	••	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
· ·	
Sch: 2/6 Rpt: 11/15	New American PAC 00065303
4 Date	5 Payee name
04/02/2025	Democracy Toolbox
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 6250,
<b>\$2,000.00</b>	1 & Box 6256;
Expenditure from	
corporate funds	McKinney, TX 75071
8 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
	Mail design, texting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/11/2025	Democracy Toolbox
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 6250,
Expenditure from	
corporate funds	McKinney, TX 75071
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
	Direct mail design
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/25/2025	Edwards & Patterson Signs
	<u>-</u>
Amount (\$)	Payee address; City; State; Zip Code
\$1,337.10	203 S. Beltline Rd
Expenditure from	
corporate funds	Irving, TX 75060
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Yard signs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel in District

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense 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) Sch: 3/6 Rpt: 12/15 New American PAC 00065303 4 Date Payee name 04/22/2025 PrintedUnion 6 Amount (\$) Payee address; State; Zip Code 8800 Chancellor Row, \$6,221.32 Expenditure from Dallas, TX 75247 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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailer 1 & mailing services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2025 Reilly Echols Printing, Inc. Amount (\$) Payee address; City; State; Zip Code \$1,025.08 1710 South Harwood, Expenditure from Dallas, TX 75215 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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense The Door Hangers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2025 Reilly Echols Printing, Inc. Amount (\$) Payee address: City: State; Zip Code \$251.95 1710 South Harwood, Expenditure from corporate funds Dallas, TX 75215 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printing of VBM letter, envelope 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 Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage 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: 4/6 Rpt: 13/15	New American PAC 00065303
4 Date	5 Payee name
03/12/2025	Reilly Echols Printing, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,897.23	1710 South Harwood,
Expenditure from	
corporate funds	Dallas, TX 75215
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense
	Check if Austin, TX, officeholder living expense Printing of VBM letter, envelope
	Timung of Visivi letter, envelope
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/04/2025	Reilly Echols Printing, Inc.
	, <u> </u>
Amount (\$)	Payee address; City; State; Zip Code
\$1,504.95	1710 South Harwood,
Expenditure from	
corporate funds	Dallas, TX 75215
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  Direct mail project
	Direct mail project
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
04/11/2025	Payee name Reilly Echols Printing, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2,706.25	1710 South Harwood,
Expenditure from	
corporate funds	Dallas, TX 75215
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Mailers
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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		
1 Total pages Schedule F1:		s)
Sch: 5/6 Rpt: 14/15	New American PAC 00065303	
4 Date	5 Payee name	
03/10/2025	The Order Desk	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$377.03	9840 Monroe Dr., Ste 104	
Expenditure from corporate funds	Dallas, TX 75220	
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  Mail processing and postage	
	man processing and postage	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
03/12/2025	The Order Desk	
Amount (\$)	Payee address; City; State; Zip Code	
\$7,822.91	9840 Monroe Dr., Ste 104	
Expenditure from		
corporate funds	Dallas, TX 75220	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
	Check if Austin, TX, officeholder living expense  Mail processing and postage	
	iviali processing and postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
04/03/2025	The Order Desk	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,433.52	9840 Monroe Dr., Ste 104	
Expenditure from corporate funds	Dallas, TX 75220	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Combined postage	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	н	

#### 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

Printing Expense Travel in It

Printing Expense Travel Ou

Salaries/Wages/Contract Labor OTHER (6

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/6 Rpt: 15/15	New American PAC	00065303
4 Date	5 Payee name	
04/11/2025	The Order Desk	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$4,178.25	9840 Monroe Dr., Ste 104	
Expenditure from		
corporate funds	Dallas, TX 75220	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Direct mail program
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	1	
Date	Payee name	
05/23/2025	The Order Desk	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$1,604.77	9840 Monroe Dr., Ste 104	540
Ψ1,004.77	3040 MONIOC DI., Ste 104	
Expenditure from		
corporate funds	Dallas, TX 75220	
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
		post cards, postage
0 1: 0 1: 0		000
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held