

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00058402	2 Total pages filed: 4
3 COMMITTEE NAME Kaufman County Conservatives PAC		OFFICE USE ONLY Date Received RECEIVED AUG 21 2025 Texas Ethics Commission Date Hand-delivered or Date Postmarked EMAIL Receipt # Amount \$ Date Processed SEP 5 2025 Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1158 Citabria Street Forney, Texas 75126		
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI James Reid NICKNAME LAST SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1158 Citabria Street Forney, Texas 75126			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1158 Citabria Street Forney, Texas 75126		
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (407) 375-1928			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01 / 01 / 2025 THROUGH 06 / 30 / 2025		
11 ELECTION	ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description _____		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME
Kaufman County Conservatives PAC

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE
ACTIVITY

(Attach lists on plain
paper to complete this
report if necessary.)

1. 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
applicable, classify by party.)

15 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

☐

Check here if this report qualifies for the higher itemization threshold

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2669.91

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

\$ 2669.91

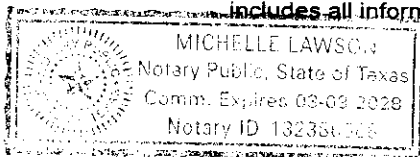
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

16 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and
includes all information required to be reported by me under Title 15, Election Code.



James R. ...
Signature of Campaign Treasurer (Declarant)

Valerie Villarreal
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VALERIE VILLARREAL, this the 21st
day of Aug, 2025, to certify which, witness my hand and seal of office.

Michelle Lawson
Signature of officer administering oath

Michelle Lawson
Printed name of officer administering oath

Notary
Title of officer administering oath

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - GPAC**FORM GPAC
COVER SHEET PG 3**

17 COMMITTEE NAME Kaufman County Conservatives PAC		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2669.91	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kaufman County Conservatives PAC		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie Villarreal 6 Contributor address; City; State; Zip Code [REDACTED] Mabank, TX 75147	7 Amount of contribution (\$) \$2669.91
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		