

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|                                                          |  |                                                                                                                                                                                  |  |                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00089748 |  | <b>2</b> Total pages filed:<br>5                                                                                                                                                 |  | <b>OFFICE USE ONLY</b>                                                                                                                                                                                                           |  |
| <b>3</b> COMMITTEE NAME<br>West Texas Conservatives PAC  |  |                                                                                                                                                                                  |  | Date Received<br>ELECTRONICALLY FILED<br>10/29/2025                                                                                                                                                                              |  |
| <b>4</b> TREASURER NAME<br>Hart, Laura (Mrs.)            |  |                                                                                                                                                                                  |  | Date Hand-delivered or Date Postmarked                                                                                                                                                                                           |  |
| <b>5</b> ORIGINAL REPORT TYPE                            |  | <input type="checkbox"/> January 15<br><input type="checkbox"/> July 15<br><input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election |  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> 10th day after campaign treasurer resignation<br><input type="checkbox"/> Dissolution report<br><input checked="" type="checkbox"/> Other (specify) <u>October 5</u> |  |
| <b>6</b> ORIGINAL PERIOD COVERED                         |  | Month Day Year<br>08/26/2025                                                                                                                                                     |  | Month Day Year<br>THROUGH 09/25/2025                                                                                                                                                                                             |  |
|                                                          |  |                                                                                                                                                                                  |  | Receipt # Amount                                                                                                                                                                                                                 |  |
|                                                          |  |                                                                                                                                                                                  |  | Date Processed                                                                                                                                                                                                                   |  |
|                                                          |  |                                                                                                                                                                                  |  | Date Imaged                                                                                                                                                                                                                      |  |

**7 EXPLANATION OF CORRECTION**  
TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD WAS REPORTED AS \$0 AND IT SHOULD HAVE BEEN REPORTED AS \$4909.91.

**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.

Mrs. Laura Hart  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 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**

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  |                                                                                                                                                                                           |  |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The MPAC Instruction Guide explains how to complete this form. |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 Filer ID<br>(Ethics Commission Filers)<br>00089748 |  | 2 Total pages filed:<br>5                                                                                                                                                                 |  |
| 3 COMMITTEE NAME<br>West Texas Conservatives PAC               |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br><br>Date Received<br>ELECTRONICALLY FILED<br>10/29/2025<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount<br><br>Date Processed<br><br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>PO Box 461<br><br>Hart, TX 79043                                                                                                                                                                                                                                                                                                                                                      |                                                      |  |                                                                                                                                                                                           |  |
| 5 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br>Mrs. Laura<br><br>NICKNAME LAST SUFFIX<br>Hart                                                                                                                                                                                                                                                                                                                                                                   |                                                      |  |                                                                                                                                                                                           |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>2451 County Road 521<br><br>Hart, TX 79043                                                                                                                                                                                                                                                                                                                      |                                                      |  |                                                                                                                                                                                           |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                           | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 461<br><br>Hart, TX 79043                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                                           |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(806) 647-5911                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                                           |  |
| 9 REPORT TYPE                                                  | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                                           |  |
| 10 MONTHLY REPORT FILING DEADLINE                              | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |                                                      |  |                                                                                                                                                                                           |  |
| 11 PERIOD COVERED                                              | Month Day Year    THROUGH    Month Day Year<br>08/26/2025    09/25/2025                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                                           |  |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|                                                          |                                                           |
|----------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>West Texas Conservatives PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00089748 |
|----------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                                   |                                                                                                     |              |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
| <b>14 COMMITTEE<br/>ACTIVITY</b><br><br>(Attach lists on plain<br>paper to complete this<br>report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if<br>applicable, classify by party.)                 | A. Supported |
|                                                                                                                   |                                                                                                     | B. Opposed   |
|                                                                                                                   | <b>2. Measures</b><br>(Describe by date and location<br>of election and nature of issue.)           | A. Supported |
|                                                                                                                   |                                                                                                     | B. Opposed   |
|                                                                                                                   | <b>3. Officeholders<br/>Assisted</b><br>(Identify by name or, if<br>applicable, classify by party.) |              |
|                                                                                                                   |                                                                                                     |              |

|                                    |                                                                                                                                                                                                                                                           |             |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>15 CONTRIBUTION<br/>TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00     |
|                                    | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                                                                            | \$ 2,568.07 |
| <b>EXPENDITURE<br/>TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                                                                                                         | \$ 0.00     |
|                                    | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                                                                                                                    | \$ 0.00     |
| <b>CONTRIBUTION<br/>BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY<br/>OF THE REPORTING PERIOD</b>                                                                                                                                                         | \$ 0.00     |
| <b>OUTSTANDING<br/>LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br/>LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                                  | \$ 0.00     |

**16 AFFIDAVIT**

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.

Mrs. Laura Hart  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 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

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
4 of 5

|                                                          |                                                                                                                   |                                                           |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>West Texas Conservatives PAC |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00089748 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE         |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                       | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                            | \$                                                        |
| 2.                                                       | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 2,568.07                                               |
| 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 FROM POLITICAL CONTRIBUTIONS                         | \$                                                        |
| 11.                                                      | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$                                                        |
| 12.                                                      | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 13.                                                      | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                                                        |
| 14.                                                      | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 15.                                                      | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

|                                                                                          |                                                                                                                                                                                    |                                                                                                                              |                                                                       |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                |                                                                                                                                                                                    | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 5/5                                                                              |                                                                       |
| 2 FILER NAME<br>West Texas Conservatives PAC                                             |                                                                                                                                                                                    | 3 Filer ID (Ethics Commission Filers)<br>00089748                                                                            |                                                                       |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                    |                                                                                                                                                                                    | \$                                                                                                                           |                                                                       |
| 5 Date<br>09/19/2025                                                                     | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laura, Hart<br>7 Contributor address; City; State; Zip Code<br><br>Hart, TX 79043             | 8 Amount of contribution (\$)<br>\$568.07<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | 9 In-kind contribution description<br>Banquet room for November event |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Agriculture |                                                                                                                                                                                    | 11 Employer (FOR NON-JUDICIAL) (See instructions)<br>Self                                                                    |                                                                       |
| 12 Contributor's principal occupation (FOR JUDICIAL)                                     |                                                                                                                                                                                    | 13 Contributor's job title (FOR JUDICIAL) (See instructions)                                                                 |                                                                       |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                        |                                                                                                                                                                                    | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                                                                  |                                                                       |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)              |                                                                                                                                                                                    |                                                                                                                              |                                                                       |
| Date<br>09/15/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vic & Laura Hart Farms, LLC<br>Contributor address; City; State; Zip Code<br><br>Hart, TX 79043 | Amount of contribution (\$)<br>\$2,000.00<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description<br>Promotional items.                |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)                   |                                                                                                                                                                                    | Employer (FOR NON-JUDICIAL) (See instructions)                                                                               |                                                                       |
| Contributor's principal occupation (FOR JUDICIAL)                                        |                                                                                                                                                                                    | Contributor's job title (FOR JUDICIAL) (See instructions)                                                                    |                                                                       |
| Contributor's employer/law firm (FOR JUDICIAL)                                           |                                                                                                                                                                                    | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                                                                     |                                                                       |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                 |                                                                                                                                                                                    |                                                                                                                              |                                                                       |