

# 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>00016133 |  | 2 Total pages filed:<br>26                                                                                                                                            |  |
| 3 COMMITTEE NAME<br>Dallas Police Officer's PAC                |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>11/04/2025<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>1412 Griffin St. East<br><br>Dallas, TX 75215                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br>Mr. Kevin<br><br>NICKNAME LAST SUFFIX<br>Janse                                                                                                                                                                                                                                                                                                                                                                   |                                                      |  |                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1412 Griffin St. E.<br><br>Dallas, TX 75215-1101                                                                                                                                                                                                                                                                                                                |                                                      |  |                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                           | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1412 Griffin St. E.<br><br>Dallas, TX 75215-1101                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(214) 930-3174                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                       |  |
| 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 type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input checked="" 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>09/26/2025    10/25/2025                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                                                                                                                                                                                         |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Rep. Keith Bell State Representative                                                                                                                                                                                                 |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                                                                                                                                                                                      |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                                                                                                                                                                                   |
|                                                                                                         | <b>15 CONTRIBUTION TOTALS</b>                                                                        | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|                                                                                                         | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 6,077.00                                                                                                                                                                                                                                       |
| EXPENDITURE TOTALS                                                                                      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                    | \$ 0.00                                                                                                                                                                                                                                           |
|                                                                                                         | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                               | \$ 33,000.00                                                                                                                                                                                                                                      |
| CONTRIBUTION BALANCE                                                                                    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 4,163.64                                                                                                                                                                                                                                       |
| OUTSTANDING LOAN TOTALS                                                                                 | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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.

Mr. Kevin Janse  
\_\_\_\_\_  
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

# MONTHLY FILING GPAC REPORT: PURPOSE

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|                                                                                                         |                                                                                                      |                                                                                  |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Rep. Toni Rose State Representative                                 |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

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|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Rep. Mihaela Plesa State Representative                             |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

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| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Rep. Ben Bumgarner State Representative                             |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

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| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported    Joan Huffman    Attorney General                                 |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

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| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Rep. Linda Garcia State Representative                              |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

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| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Sen. Bryan Hughes State Senator                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |



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| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Nathan Johnson Attorney General                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

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| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Jay Dean                                                            |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

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| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC                                                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Rep. Morgan Meyer State Representative                              |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
**ADDENDUM**

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|                                                         |  |                                                           |
|---------------------------------------------------------|--|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133 |
|---------------------------------------------------------|--|-----------------------------------------------------------|

  

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

  

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

  

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
**ADDENDUM**

Page 13 of 26

|                                                         |                                                           |
|---------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Dallas Police Officer's PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016133 |
|---------------------------------------------------------|-----------------------------------------------------------|

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

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

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
14 of 26

|                                                         |                                                                                                                   |                                                           |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Dallas Police Officer's PAC |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00016133 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE        |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                      | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 0.00                                                   |
| 2.                                                      | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                                                        |
| 3.                                                      | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$                                                        |
| 4.                                                      | <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION    | \$ 6,077.00                                               |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 33,000.00                                              |
| 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       | \$                                                        |

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule C1:  
Sch: 1/1 Rpt: 15/26

**2** FILER NAME

Dallas Police Officer's PAC

**3** Filer ID (Ethics Commission Filers)  
00016133

**4** Date

10/09/2025

**5** Corporation / Labor Organization name

Dallas Police Association

**7** Amount of contribution (\$)

\$6,077.00

**6** Corporation / Labor Organization address; City; State; Zip Code

Dallas, TX 75215

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/11 Rpt: 16/26                                           | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                         | <b>5</b> Payee name<br>Anchia , Rafael                                                                                                                   |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1111 W. Mockingbird #1010<br><br>Dallas, TX 75247                                                       |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Bell, Keith                                                                                                                                |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>100 E. Corsicana St.<br>#204<br>Athens, TX 75751                                                                 |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Bowers, Rhett (Mr.)                                                                                                                        |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$750.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>3526 Lakeview Pkwy.<br>B-211<br>Rowlett, TX 75088                                                                |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/11 Rpt: 17/26                                           | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                         | <b>5</b> Payee name<br>Bryant, John                                                                                                                      |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 140977<br><br>Dallas, TX 75214                                                                 |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Bumgarner, Ben                                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>5150 Kensington Ct.<br><br>Flower Mound, TX 75022                                                                |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Burrows, Dustin                                                                                                                            |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>10507 Quaker Ave.<br>#103<br>Lubbock, TX 79424                                                                   |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/11 Rpt: 18/26                                           | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                         | <b>5</b> Payee name<br>Button, Angie Chen                                                                                                                |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1201 International Parkway #130<br><br>Richardson, TX 75081                                             |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/08/2025                                                                                  | Candidate/Officeholder name<br>Davis, Aicha                                                                                                              |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Office sought<br>608 Tara Dr.<br><br>DeSoto, TX 75115                                                                                                    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/08/2025                                                                                  | Candidate/Officeholder name<br>Dean, Jay                                                                                                                 |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>101 E. Methvin #103<br><br>Longview, TX 75601                                                                                           |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/11 Rpt: 19/26                                         | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                       | <b>5</b> Payee name<br>Garcia, Linda                                                                                                                     |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>539 W. Commerce St.<br>4808<br>Dallas, TX 75208                                                         |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/08/2025                                                                                | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                              |                                                                                                                                                                                                                 |
| Payee name<br>Garcia, Linda                                                                       |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>539 W. Commerce St.<br>4808<br>Dallas, TX 75208                                                                  |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/08/2025                                                                                | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                              |                                                                                                                                                                                                                 |
| Payee name<br>Gerdes, Stan                                                                        |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 1060<br><br>Smithville, TX 78957                                                                        |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        |                                                                                                                                                          |                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/11 Rpt: 20/26                                           | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                         | <b>5</b> Payee name<br>Hagenbuch, Brent (Mr.)                                                                                                            |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2800 Shoreline Dr. #310<br><br>Denton, TX 76210                                                         |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Hall, Bob (Sen.)                                                                                                                           |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>6537 Horizen Rd.<br><br>Rockwall, TX 75032                                                                       |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Hancock, Kelly                                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>9121 Belshire Dr. #200<br><br>N. Richland Hills, TX 76182                                                        |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/11 Rpt: 21/26                                           | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                         | <b>5</b> Payee name<br>Hefner, Cole (Rep.)                                                                                                               |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>115 W. First St.<br><br>Mount Pleasant, TX 75455                                                        |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Hernandez, Cassandra (Rep.)                                                                                                                |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$750.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>P.O. Box 1289<br><br>Addison, TX 75001                                                                           |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Hinojosa, Adam                                                                                                                             |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 18301<br><br>Corpus Christi, TX 78480                                                                   |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/11 Rpt: 22/26                                           | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                         | <b>5</b> Payee name<br>Huffman, Joan                                                                                                                     |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3375<br>Westpark #135<br>Houston, TX 77005                                                              |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Hughes, Bryan (Sen.)                                                                                                                       |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>110 N. College Ave.<br><br>Tyler, TX 75702                                                                       |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Hunter, Todd (Rep.)                                                                                                                        |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>15217 S.P.I.D. #205<br><br>Corpus Christi, TX 78418                                                              |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/11 Rpt: 23/26                                           | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                         | <b>5</b> Payee name<br>Johnson, nathan                                                                                                                   |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 670994<br><br>Dallas, TX 75367                                                                 |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/08/2025                                                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                              |                                                                                                                                                                                                                 |
| Payee name<br>Jones, Venton (Rep.)                                                                  |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>1075 Griffin St. West<br><br>Dallas, TX 75215                                                                    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/08/2025                                                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                              |                                                                                                                                                                                                                 |
| Payee name<br>Leach, Jeff                                                                           |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>777 E. 15th St. #202<br><br>Plano, TX 75074                                                                      |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 9/11 Rpt: 24/26                                         | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                       | <b>5</b> Payee name<br>McQueeney, John                                                                                                                   |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 100458<br><br>Fort Worth, TX 76185                                                             |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                | Payee name<br>Meyer, Morgan (Rep.)                                                                                                                       |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>3838 Oak Lawn #400<br><br>Dallas, TX 75219                                                                       |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                | Payee name<br>Noble, Candy                                                                                                                               |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>1105 E. Main St.<br>#223<br>Allen, TX 75002                                                                      |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/11 Rpt: 25/26                                          | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                         | <b>5</b> Payee name<br>Parker, Tan                                                                                                                       |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>800 Parker Sq. #245<br><br>Flower Mound, TX 75028                                                       |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/08/2025                                                                                  | Candidate/Officeholder name<br>Patterson, Jared (Rep.)                                                                                                   |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>5533 FM<br>#503<br>Frisco, TX 75034                                                                              |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |
| Date<br>10/08/2025                                                                                  | Candidate/Officeholder name<br>Paxton, Angela                                                                                                            |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>6255 Frisco Square #1331<br><br>Frisco, TX 75034                                                                 |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                                                          |                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/11 Rpt: 26/26                                          | <b>2</b> FILER NAME<br>Dallas Police Officer's PAC                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016133                                                                                                                                                        |
| <b>4</b> Date<br>10/08/2025                                                                         | <b>5</b> Payee name<br>Plesa, Mihaela (Rep.)                                                                                                             |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 796311<br><br>Dallas, TX 75248                                                                 |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Rose, Toni (Rep.)                                                                                                                          |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>3730 S. Lancaster #140<br><br>Dallas, TX 75216                                                                   |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |
| Date<br>10/08/2025                                                                                  | Payee name<br>Schwertner, Charles                                                                                                                        |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>501 S. Austin Ave. #1250<br><br>Georgetown, TX 78626                                                             |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                       |