

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086644	2 Total pages filed: 9		
3 COMMITTEE NAME Our Values PAC		OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 01/06/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>		Receipt #	Amount
Receipt #	Amount				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address					
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12803 Elgin Ave Lubbock, TX 79423					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joe	MI		
	NICKNAME	LAST Delk	SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 12803 Elgin Ave. Lubbock, TX 79423				
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 12803 Elgin Ave. Lubbock, TX 79423				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (575) 808-4321				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff				
10 PERIOD COVERED	Month 07/01/2025	Day	Year 2025 THROUGH 12/31/2025		
11 ELECTION	ELECTION DATE Month 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Our Values PAC		13 FILER ID (Ethics Commission Filers) 00086644
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 187,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,665.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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. Joe Delk

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 9

17 COMMITTEE NAME Our Values PAC	18 FILER ID (Ethics Commission Filers) 00086644
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 187,100.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 21,665.00	
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 31,090.84	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/9
2 FILER NAME Our Values PAC		3 Filer ID (Ethics Commission Filers) 00086644
4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Gail	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Magdelena, NM 87825	
8 Principal occupation / Job title (See Instructions) Representative		9 Employer (See Instructions) State of NM
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cambiar Consulting LLC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Alto, NM 88312	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantrell, Mike	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Ada, OK 74820	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Cantrell Investments
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamisa Land Holdings	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87193	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coyote Oil & Gas LLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Hobbs, NM 88241	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/9
2 FILER NAME Our Values PAC		3 Filer ID (Ethics Commission Filers) 00086644
4 Date 07/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hise, Neil	7 Amount of Contribution (\$) \$10,000.00
	6 Contributor address; City; State; Zip Code Los Lunas, NM 87031	
8 Principal occupation / Job title (See Instructions) CEMCO, Inc		9 Employer (See Instructions) President
Date 08/04/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00815183</u>) Merrion Oil & Gas Corp PAC	Amount of Contribution (\$) \$3,100.00
	Contributor address; City; State; Zip Code Farmington, NM 87401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mewbourne Oil Co	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Tyler, TX 75711	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Permian Resources	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Midland, TX 79701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury Jr., Charles	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Saulsbury Industries		Employer (See Instructions) Executive VP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/9
2 FILER NAME Our Values PAC		3 Filer ID (Ethics Commission Filers) 00086644
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strata Production 6 Contributor address; City; State; Zip Code Roswell, NM 88202	7 Amount of Contribution (\$) \$25,000.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strata Production Contributor address; City; State; Zip Code Roswell, NM 88202	Amount of Contribution (\$) \$25,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westall, Ray Contributor address; City; State; Zip Code Loco Hills, NM 88255	Amount of Contribution (\$) \$25,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Ray Westall	
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates Legacy LLC Contributor address; City; State; Zip Code Artesia, NM 88211	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Peyton Contributor address; City; State; Zip Code Artesia, NM 88210	Amount of Contribution (\$) \$50,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive Yates Petroleum	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/9	2 FILER NAME Our Values PAC	3 Filer ID (Ethics Commission Filers) 00086644	
4 Date 10/09/2025	5 Payee name Storytellers Digital		
6 Amount (\$) \$21,665.00	7 Payee address; City; State; Zip Code 3500 Comanche Rd. NE Building B Albuquerque, NM 87107		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Voter Registration	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Registration - No Texas Candidate	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 8/9	2 FILER NAME Our Values PAC	3 Filer ID (Ethics Commission Filers) 00086644
4 Date 09/16/2025	5 Payee name Albuquerque Journal	
6 Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 7777 Jefferson St NE Albuquerque, NM 87109	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Subscription
Date 08/05/2025	Payee name Campaign Marketing Strategy	
Amount (\$) 605.71 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1350 Beverly Rd Ste 115 McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Consultant
Date 08/05/2025	Payee name File Right	
Amount (\$) 1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3718 Bridle Trails Ct College Station, TX 77845	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Compliance
Date 11/12/2025	Payee name File Right	
Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3718 Bridle Trails Ct College Station, TX 77845	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Compliance

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 9/9	2 FILER NAME Our Values PAC	3 Filer ID (Ethics Commission Filers) 00086644
4 Date 08/05/2025	5 Payee name Goff, Andrea	
6 Amount (\$) 17,650.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 9700 Goff Pl Hobbs, NM 88241	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Fundraising
Date 09/04/2025	Payee name RSW Law Firm	
Amount (\$) 9,402.45 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 150 Washington Ave Ste 201 Santa Fe, NM 87501	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Legal Services	(b) Description (See instructions regarding type of information required.) Legal Fees
Date 07/02/2025	Payee name Sandia Hotel	
Amount (\$) 268.73 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 30 Rainbow Rd Albuquerque, NM 87113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense	(b) Description (See instructions regarding type of information required.) Meeting Space Rental
Date 07/09/2025	Payee name Sandia Hotel	
Amount (\$) 1,563.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 30 Rainbow Rd Albuquerque, NM 87113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense	(b) Description (See instructions regarding type of information required.) Meeting Space Rental