

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089953	2 Total pages filed: 367		
3 COMMITTEE NAME Texans for Chip Roy		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged			
4 COMMITTEE ADDRESS  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6705 W Highway 290, Ste. 50295  Austin, TX 78735					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR  Cabell			MI	
	NICKNAME  LAST Hobbs	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);  7415 Southwest Pkwy, Bldg 6, Ste. 500 #134  Austin, TX 78735	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX;  7415 Southwest Pkwy, Bldg 6, Ste. 500 #134  Austin, TX 78735	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 277-6095	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded modified reporting limit  <input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 08/21/2025	THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General	ELECTION TYPE  <input type="checkbox"/> Runoff  <input type="checkbox"/> Special	<input type="checkbox"/> Other	

**GO TO PAGE 2**

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

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Texans for Chip Roy		<b>13 FILER ID</b> (Ethics Commission Filers) 00089953	
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME CHIP ROY	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Attorney General	
	<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year
		<input type="checkbox"/> Measure	DESCRIPTION
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ \$0.00	
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$4,500,490.51	
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ \$7,665.40	
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ \$1,225,264.82	
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$4,272,044.85	
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$1,000,000.00	

**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.

Cabell Hobbs

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 - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 367

<b>17</b> COMMITTEE NAME Texans for Chip Roy	<b>18</b> Filer ID (Ethics Commission Filers) 00089953
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,499,834.30
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 656.21
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 D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000,000.00
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,218,225.74
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7,039.08
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,265.85

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/238 Rpt: 4/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor 1890 PAC	<b>7</b> Amount of Contribution (\$) \$3,000.00
	<b>6</b> Contributor address; City; State; Zip Code  CHEYENNE, WY 82003	
<b>8</b> Principal occupation / Job title (See Instructions) PROPERTY MAINTENANCE		<b>9</b> Employer (See Instructions) SELF
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> A CLARKSON, MARK	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  LEESBURG, FL 34788	
<b>Principal occupation / Job title (See Instructions)</b> 1ST VP		<b>Employer (See Instructions)</b> EAGLE FORUM
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> ADAMS, CATHIE	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  PARKER, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/14/2025	<b>Full name of contributor</b> ADAMS, MARSHA	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  SAN ANTONIO, TX 78247	
<b>Principal occupation / Job title (See Instructions)</b> ADVISOR		<b>Employer (See Instructions)</b> FINANCE

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/238 Rpt: 5/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGLORO, MARY	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  VANCOUVER, WA 98682	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIKMAN, EMILY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  MOUNT PLEASANT, TX 75455	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00821959) ALL AMERICAN PAC	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN, HAROLD	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  EL PASO, TX 79922	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN, HAROLD	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  EL PASO, TX 79922	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/238 Rpt: 6/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN, HAROLD	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  EL PASO, TX 79922	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN, HAROLD	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  EL PASO, TX 79922	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMADON, ANN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BOW, NH 03304	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMICK, ROBERT	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDARZA, IVAN	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78704-8706	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/238 Rpt: 7/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDRIE, MIKE ..... <b>6</b> Contributor address; City; State; Zip Code  BOERNE, TX 78006	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) SALES		<b>9</b> Employer (See Instructions) SELF
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANESI, DENNIS ..... Contributor address; City; State; Zip Code  ROLLING MEADOWS, IL 60008	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PRECISION METALWORKER		Employer (See Instructions) DEC TOOL
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELO, CLIFF ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78735-6107	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) ANGELO ENERGY, LLC
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELO, CLIFFORD N. ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78735	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) ANGELO ENERGY, LLC
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELO Jr., ERNEST ..... Contributor address; City; State; Zip Code  MIDLAND, TX 79701	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) PETROLEUM ENGINEER		Employer (See Instructions) SELF-EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/238 Rpt: 8/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARGENTO, MICHAEL	<b>7</b> Amount of Contribution (\$) \$11.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW HAVEN, CT 06512	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMSTRONG, KELLY	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  DICKINSON, ND 58601-2947	
Principal occupation / Job title (See Instructions) OIL AND GAS		Employer (See Instructions) ARMSTRONG CORP
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARRINGTON, ANN	Amount of Contribution (\$) \$5.50
	Contributor address; City; State; Zip Code  ORLANDO, FL 32817	
Principal occupation / Job title (See Instructions) DRIVER		Employer (See Instructions) SELF
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHBY, JERRY	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHBY, JERRY	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/238 Rpt: 9/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASKEW, BRENDA SISLEY	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  CAMP WOOD, TX 78833	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ASKEW, BRENDA SISLEY	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  CAMP WOOD, TX 78833	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ASKEW, BRENDA SISLEY	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  CAMP WOOD, TX 78833	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) AUBREY, RICHARD	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  SAN MARCOS, TX 78666-8773	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) AUGENSTEIN, CHARLES	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  SAINT AUGUSTINE, FL 32080	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/238 Rpt: 10/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AVERY, CHRIS	<b>7</b> Amount of Contribution (\$) \$10,000.00
	<b>6</b> Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKIES, JOSEPH	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  TOMBALL, TX 77377	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BALDWIN, ALLEN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  PEACHTREE CITY, GA 30269	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BANSAL, BHARAT	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77095	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBER, VICKI J.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/238 Rpt: 11/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBER, VICKI J. ..... <b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAREFIELD, PHIL ..... Contributor address; City; State; Zip Code  QUITAQUE, TX 79255	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARKER, STEPHEN ..... Contributor address; City; State; Zip Code  FORT WORTH, TX 76109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RET'D		Employer (See Instructions) RET'D
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARLOW, CAROL ..... Contributor address; City; State; Zip Code  WILLIS, TX 77318	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) ARTIST AND NATURE PHOTOGRAPHY		Employer (See Instructions) SELF EMP
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, CYNTHIA C ..... Contributor address; City; State; Zip Code  BEAUMONT, TX 77705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/238 Rpt: 12/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, CYNTHIA C ..... <b>6</b> Contributor address; City; State; Zip Code  BEAUMONT, TX 77705	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, DOROTHEA J ..... Contributor address; City; State; Zip Code  FROST, TX 76641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, PAUL ..... Contributor address; City; State; Zip Code  TURLOCK, CA 95382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNETT, DAVID ..... Contributor address; City; State; Zip Code  GOODYEAR, AZ 85395	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRETT, BRET ALLEN (Mr.) ..... Contributor address; City; State; Zip Code  LEVELLAND, TX 79336	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/238 Rpt: 13/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRETT, BRET ALLEN (Mr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  LEVELLAND, TX 79336	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARTON, DONNA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  WINLOCK, WA 98596	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASKIN, HOWARD	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  WAXAHACHIE, TX 75165-3239	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEACH, CARL	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  TEXAS CITY, TX 77591	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEAN, DIANNE	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NEW SMYRNA BEACH, FL 32168	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/238 Rpt: 14/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKELMAN, LEE	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  SPICEWOOD, TX 78669-6525	
<b>8</b> Principal occupation / Job title (See Instructions) CFO		<b>9</b> Employer (See Instructions) SMART SAND, INC.
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKHAM, RODGER	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78259	
Principal occupation / Job title (See Instructions) OPS MGR		Employer (See Instructions) THE BOEING COMPANY
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELL, RUSSELL	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  POWDER SPRINGS, GA 30127	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENKENDORFER, GREGG	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  FRISCO, TX 75036	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNETT, DONALD	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  WEST LAKE HILLS, TX 78746	
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions) BENNETT VENTURES, LP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/238 Rpt: 15/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENWAY, NANCY	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  BRASELTON, GA 30517	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENWAY, NANCY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BRASELTON, GA 30517	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENWAY, NANCY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BRASELTON, GA 30517	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENWAY, NANCY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BRASELTON, GA 30517	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERGER, ELLIOTT	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CHANDLER, TX 75758	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/238 Rpt: 16/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BESSMAN, TERRY ..... <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78754	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BESSMAN, TERRY ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78754	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BESSMAN, TERRY ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78754	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BESSMAN, TERRY ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78754	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BESSMAN, TERRY ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78754	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/238 Rpt: 17/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BESSMAN, TERRY ..... <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78754	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BESSMAN, TERRY ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78754	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BESSMAN, TERRY ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78754	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BESSMAN, TERRY ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78754	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETHKE, PAUL/LINDA ..... Contributor address; City; State; Zip Code  PALMYRA, VA 22963	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/238 Rpt: 18/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIDDISON, SHERRY	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  ROSEBURG, OR 97470	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIESENBACH, NICOLE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIGGS, ADAM	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78702-1220	
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) UNIVERSITY OF AUSTIN
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIRT, WILLIAM	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  LAKEWOOD, OH 44107	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, CAROLYN B	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78759	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/238 Rpt: 19/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, CAROLYN B	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78759	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, ROBERT	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77024	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, ROBERT	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77024	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACKWELL, JIM	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77077	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACKWELL, JIM	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77077	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/238 Rpt: 20/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAIN, RUTH ..... <b>6</b> Contributor address; City; State; Zip Code  DONNA, TX 78537	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAND, BRITTANY ..... Contributor address; City; State; Zip Code  BEAUMONT, TX 77706	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAND EICHELMANN, PEGGY ..... Contributor address; City; State; Zip Code  BOERNE, TX 78006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLANTON, MARGARET ..... Contributor address; City; State; Zip Code  SALADO, TX 76571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLANTON, MARGARET ..... Contributor address; City; State; Zip Code  SALADO, TX 76571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/238 Rpt: 21/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLESSING, DEBRA	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  GRANTVILLE, PA 17028	
<b>8</b> Principal occupation / Job title (See Instructions) INSTRUCTIONAL AIDE		<b>9</b> Employer (See Instructions) LOWER DAUPHIN SCHOOL DISTRICT
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLOXSOM III, ALLAN P.	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78015	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) FT APACHE ENERGY
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOCKORNY, DAVID A.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  SIOUX FALLS, SD 57103	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BOCKORNY GROUP
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOGGS, JOHN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  KINGSTON, OH 45644	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOGGS, JOHN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  KINGSTON, OH 45644	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/238 Rpt: 22/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONIN, JUDY ..... <b>6</b> Contributor address; City; State; Zip Code  STAUNTON, VA 24401	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) HORSE BOADING		<b>9</b> Employer (See Instructions) SELF
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOOMER, BRENDA ..... Contributor address; City; State; Zip Code  LITTLEFIELD, TX 79339-5606	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOOMER, BRENDA ..... Contributor address; City; State; Zip Code  LITTLEFIELD, TX 79339	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORCHARDT, DAVID ..... Contributor address; City; State; Zip Code  FRESNO, CA 93711	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORDAS, CAROLINE ..... Contributor address; City; State; Zip Code  ARGYLE, TX 76226	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/238 Rpt: 23/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOUCHER, MILDRED	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  MANCHESTER, NJ 08759	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWEN, KIM	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  UTOPIA, TX 78884	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWER, KEVIN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  MANSFIELD, TX 76063	
Principal occupation / Job title (See Instructions) MEDICAL SERVICES		Employer (See Instructions) FLINT MEDICALL STAFFING
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYD, DENISE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SPRING, TX 77380-3910	
Principal occupation / Job title (See Instructions) WRITER		Employer (See Instructions) SELF
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYD, DONALD	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  GREENWOOD, IN 46142	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/238 Rpt: 24/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYER, CHARLENE ..... <b>6</b> Contributor address; City; State; Zip Code  BASTROP, TX 78602	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADFORD, SARAH ..... Contributor address; City; State; Zip Code  SUNNYVALE, TX 75182	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SENIOR CONSULTANT		Employer (See Instructions) AON
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDT, ROBERT ..... Contributor address; City; State; Zip Code  DRIPPING SPGS, TX 78620-2605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) LAKE TRAVIS ISD
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANNAN, JAYCILE (Mrs.) ..... Contributor address; City; State; Zip Code  DALLAS, TX 75230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANTLEY, BESSIE ..... Contributor address; City; State; Zip Code  ZEBULON, NC 27597	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/238 Rpt: 25/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAUN, GEORGE R.	<b>7</b> Amount of Contribution (\$) \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78246	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAZZEL, DAVID	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  ARP, TX 75750	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREITUNG, GLENN	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132-4641	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREZOVSKI, WILLIAM	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  LAS VEGAS, NV 89122	
Principal occupation / Job title (See Instructions) SEMI-RETIRED		Employer (See Instructions) SELF-EMLOYED
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREZOVSKI, WILLIAM	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  LAS VEGAS, NV 89122	
Principal occupation / Job title (See Instructions) SEMI-RETIRED		Employer (See Instructions) SELF-EMLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/238 Rpt: 26/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIDGETON NJ, 135 AMERICAN AVE ..... <b>6</b> Contributor address; City; State; Zip Code  BRIDGETON, NJ 08302	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) TJD ARCHITECTS & ENGINEERS		<b>9</b> Employer (See Instructions) TJD ARCHITECTS & ENGINEERS
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIENZI, KIMBERLY W. ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78735	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIGHAM, BEN M. ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78746	Amount of Contribution (\$) \$100,000.00
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) ANTHEM VENTURES
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIGHT, JAMES ..... Contributor address; City; State; Zip Code  ALEXANDRIA, VA 22301	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRINDLEY, NATHAN / AMANDA ..... Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78216	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SOLDIER		Employer (See Instructions) U S ARMY

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/238 Rpt: 27/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRINKMAN, KATHLEEN S. ..... <b>6</b> Contributor address; City; State; Zip Code  KERRVILLE, TX 78029	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) LDB CORPORATION
<b>Date</b> 10/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BROCKING WYCKOFF, N TARA ..... <b>Contributor address; City; State; Zip Code</b>  NAPLES, FL 34116	<b>Amount of Contribution (\$)</b> \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BROCKWELL, CINDY ..... <b>Contributor address; City; State; Zip Code</b>  BOERNE, TX 78006-1719	<b>Amount of Contribution (\$)</b> \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BROCKWELL, CINDY ..... <b>Contributor address; City; State; Zip Code</b>  BOERNE, TX 78006	<b>Amount of Contribution (\$)</b> \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BROCKWELL, CINDY ..... <b>Contributor address; City; State; Zip Code</b>  BOERNE, TX 78006	<b>Amount of Contribution (\$)</b> \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/238 Rpt: 28/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROCKWELL, CINDY	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  BOERNE, TX 78006	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROCKWELL, CINDY	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRODERICK, MILES	Amount of Contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79702	
Principal occupation / Job title (See Instructions) OIL & GAS		Employer (See Instructions) SELF EMPLOYED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, GREG	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  WEATHERFORD, TX 76086	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, JOHN	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  KENSINGTON, MD 20895	
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) COOPER & KIRK, PLLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/238 Rpt: 29/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, LAURIE	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78703	
<b>8</b> Principal occupation / Job title (See Instructions) VICE-PRESIDENT		<b>9</b> Employer (See Instructions) BROWN DISTRIBUTING
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, RONALD	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  RYE BROOK, NY 10573	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, SANDY	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  CLIFFSIDE PARK, NJ 07010	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, SANDY	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  CLIFFSIDE PARK, NJ 07010	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, TOM	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  FLORENCE, MS 39073	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/238 Rpt: 30/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCK, PATRICIA	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  CLEARWATER, FL 33765	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUNING, JON	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  LINCOLN, NE 68502	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) BRUNING LAW GROUP
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUZZI, GABRIEL	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dacula, GA 30019	
Principal occupation / Job title (See Instructions) PRODUCT SUPPORT SPECIALIST		Employer (See Instructions) THE HOME DEPOT
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKLEY, LINDA D.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  WIMBERLEY, TX 78676	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURGIN, JIM	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ROWLETT, TX 75089-8241	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/238 Rpt: 31/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURKE, DAWN	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  MONTGOMERY, TX 77316	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUTTERFIELD, ERIC	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ELLIOTT CITY, MD 21042	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYERLY, JIM	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  MERCED, CA 95340	
Principal occupation / Job title (See Instructions) VETERINARIAN		Employer (See Instructions) SELF
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BZDEL, ANNA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  GARFIELD, NJ 07026	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BZDEL, ANNA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  GARFIELD, NJ 07026	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/238 Rpt: 32/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CADE, DEBORAH	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  REDFORD, MI 48240	
<b>8</b> Principal occupation / Job title (See Instructions) AUDIT MANAGER		<b>9</b> Employer (See Instructions) MICHIGAN DEPARTMENT OF TREASURY
<b>Date</b> 11/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CAFARO, JOHN	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  OAKLAND, FL 34787	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CALDWELL, JOHN M. (Mr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78735	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CALI, JOANNE	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  LOS ANGELES, CA 90027	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CALI, JOANNE	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  LOS ANGELES, CA 90027	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/238 Rpt: 33/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALKINS, ROBERT	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  KEMAH, TX 77565	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMERON Jr., ARTHUR L. (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  TYLER, TX 75707	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMERON Jr., ARTHUR L. (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  TYLER, TX 75707	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPBELL, CAM	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  SONORA, TX 76950	
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPBELL, CODY	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76109	
Principal occupation / Job title (See Instructions) CO-CEO		Employer (See Instructions) DOUBLE EAGLE

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/238 Rpt: 34/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPBELL, TARA	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76109	
<b>8</b> Principal occupation / Job title (See Instructions) HOMEMAKER		<b>9</b> Employer (See Instructions) HOMEMAKER
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CANFIELD, CARL W.	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  HOUSTON, TX 77088	
<b>Principal occupation / Job title (See Instructions)</b> INVESTOR		<b>Employer (See Instructions)</b> RSI, LTD.
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CANFIELD, PHILIP A.	<b>Amount of Contribution (\$)</b> \$25,000.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78701	
<b>Principal occupation / Job title (See Instructions)</b> PRIVATE EQUITY		<b>Employer (See Instructions)</b> ARIET CAPITAL
<b>Date</b> 11/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CANNON, SANDRA	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78729	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTER, BARBARA	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  MOORESVILLE, NC 28117	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/238 Rpt: 35/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTEY, EMORY	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76116	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAPPA, SHER F	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  PORT ANGELES, WA 98363	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAREY, DOUG	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  MAPLE PLAIN, MN 55359	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLILE, ALAN	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  BRENTWOOD, TN 37027	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, JAMES	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  AURORA, OH 44202	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/238 Rpt: 36/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, MARY ANN	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77027	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARSTENS, CHRIS	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  GEORGETOWN, TX 78628	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTE, JACK	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  ESCONDIDO, CA 92025	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTY, ROY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  VAN, TX 75790	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASE, DAVID	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CEDAR CITY, UT 84720	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/238 Rpt: 37/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASE, JENNIFER	<b>7</b> Amount of Contribution (\$) \$1.99
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78227	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTLE COMMUNICATIONS LLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78709	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTRO, JANET	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  RANCHO CUCAMONGA, CA 91701	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTRO, MARIA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  EL PASO, TX 79912	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAUGHLIN, JUDY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ARLINGTON, TX 76006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/238 Rpt: 38/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAUGHLIN, JUDY	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  ARLINGTON, TX 76006	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAUGHLIN, JUDY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ARLINGTON, TX 76006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAUGHLIN, JUDY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ARLINGTON, TX 76006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAUGHLIN, JUDY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ARLINGTON, TX 76006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAUGHLIN, JUDY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ARLINGTON, TX 76006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/238 Rpt: 39/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CEGIELSKI, VINCENT R.	<b>7</b> Amount of Contribution (\$) \$135.00
	<b>6</b> Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
<b>8</b> Principal occupation / Job title (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS		<b>9</b> Employer (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBERS, RUTH SECKER	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code  BULVERDE, TX 78163	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMPINY, RUSS	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75072	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMPINY, RUSS	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75072	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHANCE, FRANK C. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  JOHNSON CITY, TX 78636-1322	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/238 Rpt: 40/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPMAN, BRUCE	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78735	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPMAN, JERRY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  COPPELL, TX 75019	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPPELL, NANCY	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79707	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLAND, DAVID	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  FORT LAUDERDALE, FL 33322	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASE, ROBERT	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BEAVERTON, OR 97006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/238 Rpt: 41/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASTEEN, KARA	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  BERTRAM, TX 78605-4598	
<b>8</b> Principal occupation / Job title (See Instructions) RANCHER		<b>9</b> Employer (See Instructions) SELF
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CHERRY, JOLENE	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  MALIBU, CA 90265	
<b>Principal occupation / Job title (See Instructions)</b> CONSULTANT		<b>Employer (See Instructions)</b> SELF
<b>Date</b> 09/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CHILDS, JOHN W.	<b>Amount of Contribution (\$)</b> \$25,000.00
	<b>Contributor address; City; State; Zip Code</b>  VERO BEACH, FL 32963-3702	
<b>Principal occupation / Job title (See Instructions)</b> CHAIRMAN		<b>Employer (See Instructions)</b> JW CHILDS ASSOCIATES
<b>Date</b> 11/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CHILDS, STAN	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  KERRVILLE, TX 78028	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00662767) CHIP ROY FOR CONGRESS	<b>Amount of Contribution (\$)</b> \$100,000.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78735-8400	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/238 Rpt: 42/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00662767</u> ) CHIP ROY FOR CONGRESS .....  <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78735	<b>7</b> Amount of Contribution (\$) \$2,000,000.00
	<b>8</b> Principal occupation / Job title (See Instructions) SALES	<b>9</b> Employer (See Instructions) SELF EMPLOYED
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CHMIELEWSKI, PEGGY .....  <b>Contributor address; City; State; Zip Code</b>  SAINT FRANCIS, WI 53235	<b>Amount of Contribution (\$)</b> \$40.00
	<b>Principal occupation / Job title (See Instructions)</b> SALES	<b>Employer (See Instructions)</b> SELF EMPLOYED
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CHOWNING, RICHARD .....  <b>Contributor address; City; State; Zip Code</b>  HELENA, MT 59602	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> RETIRED	<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CIGGELAKIS, NICHOLAS .....  <b>Contributor address; City; State; Zip Code</b>  JACKSONVILLE, FL 32207-3944	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> CLAIMS COUNSEL	<b>Employer (See Instructions)</b> FIDELITY NATIONAL FINANCIAL
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00295527</u> ) CITIZENS UNITED POLITICAL VICTORY PAC .....  <b>Contributor address; City; State; Zip Code</b>  WASHINGTON, DC 20003	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/238 Rpt: 43/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARENCE, RICHARD	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  EL PASO, TX 79949	
<b>8</b> Principal occupation / Job title (See Instructions) REAL ESTATE		<b>9</b> Employer (See Instructions) V.P. CLARENCE CO.
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLIBURN, DEBORAH	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  LEANDER, TX 78641	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, JANICE	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  GREER, SC 29651	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, JANICE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  GREER, SC 29651	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, JULIA	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/238 Rpt: 44/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, JULIA	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COFFMAN, RICHARD	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  HERNANDO, MS 38632	
Principal occupation / Job title (See Instructions) A/C INSPECTOR		Employer (See Instructions) FEDEEX
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COHN, JONATHAN	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  MCLEAN, VA 22101	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LKC LLP
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, CHARLES	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  EULESS, TX 76040	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMANOLSON, SUSAN A	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  SAINT LOUIS, MO 63128	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/238 Rpt: 45/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLLINS, KIM D	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  BALTIMORE, MD 21210	
<b>8</b> Principal occupation / Job title (See Instructions) CHEMIST		<b>9</b> Employer (See Instructions) UNIV MARYLAND
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNOLLY, MICHAEL	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  FALLS CHURCH, VA 22042	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) INKLING COMMUNICATIONS
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNOR, STEPHEN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  GILBERT, AZ 85298	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONZEMIUS, CLINTON	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  PATAGONIA, AZ 85624	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COONEY, MANUS M.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  GIBSON ISLAND, MD 21056	
Principal occupation / Job title (See Instructions) POLICY CONSULTANT AND LOBBYIST		Employer (See Instructions) ACG

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/238 Rpt: 46/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOPER, CHARLES	<b>7</b> Amount of Contribution (\$) \$10,000.00
	<b>6</b> Contributor address; City; State; Zip Code  BONITA SPRINGS, FL 34134-8524	
<b>8</b> Principal occupation / Job title (See Instructions) LAWYER		<b>9</b> Employer (See Instructions) COOPER & KIRK, PLLC
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOPER, SHEILA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  PEORIA, AZ 85345	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORBIN, BARRY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070-0089	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORCORAN, THOMAS	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  WOODBRIDGE, VA 22192	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORDELL, MELANIE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78212	
Principal occupation / Job title (See Instructions) TRAVEL CONSULTANT		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/238 Rpt: 47/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COWDEN, ALLEN	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78703	
<b>8</b> Principal occupation / Job title (See Instructions) REAL ESTATE		<b>9</b> Employer (See Instructions) SELF
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) COWDEN, DUKE	<b>Amount of Contribution (\$)</b> \$10,000.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78735	
<b>Principal occupation / Job title (See Instructions)</b> OIL & GAS		<b>Employer (See Instructions)</b> SELF
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, RICKY	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Contributor address; City; State; Zip Code</b>  MIDLAND, TX 79707	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 08/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CRADDOCK, DAN	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  OCALA, FL 34479-1837	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CRADDOCK, DAN	<b>Amount of Contribution (\$)</b> \$24.00
	<b>Contributor address; City; State; Zip Code</b>  OCALA, FL 34479	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/238 Rpt: 48/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRISPIN, GAIL	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  MINNEAPOLIS, MN 55419	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROSSMAN, HALENE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  KINGWOOD, TX 77345	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROWDER, JAMES K. (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BULVERDE, TX 78163	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUMMINGS, GAIL	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  ASHLAND, MA 01721	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUMMINGS, LEONARD	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  WILMOT, NH 03287	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/238 Rpt: 49/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUNNINGHAM, WILLIAM P.	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78213-1926	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURKA, PETER	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77005	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURL, ERICA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  JACKSON, MI 49203	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS, RANKIN	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  NACOGDOCHES, TX 75965	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS, RANKIN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  NACOGDOCHES, TX 75965	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/238 Rpt: 50/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D-NDI, BRUCE ..... <b>6</b> Contributor address; City; State; Zip Code  WOODLAND HILLS, CA 91367	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) CONSULTANT		<b>9</b> Employer (See Instructions) SELF
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAIGLE, WAYNE ..... Contributor address; City; State; Zip Code  BAYTOWN, TX 77520	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALTON, JIMMY ..... Contributor address; City; State; Zip Code  BREEZY POINT, NY 11697	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARST, CAROL ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78758	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAUGHERTY, GERALD T. (Mr.) ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78735	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/238 Rpt: 51/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, CHARLOTTE J. (Dr.)	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  ABILENE, TX 79601	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, KENNETH	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SUN CITY WEST, AZ 85375	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, LAYNE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HUDSON, FL 34669	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, LAYNE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  HUDSON, FL 34669	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAY, MICHAEL	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  WADSWORTH, OH 44281	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) MDE,LLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/238 Rpt: 52/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE CHAINE, JAMES P. (Mr.)	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  TEMECULA, CA 92591	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEAN, STEPHANIE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BAYFIELD, CO 81122	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBUSK, PATRICK	Amount of Contribution (\$) \$50,000.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77005	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) USADEBUSK
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEJOIE, MARK	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  LYNN, MA 01901	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) MARK DEJOIE LAW OFFICES
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMERITT, SHANNON	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  DICKINSON, TX 77539	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/238 Rpt: 53/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENHOFF, DIANE K.	<b>7</b> Amount of Contribution (\$) \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  WELLSVILLE, NY 14895-9740	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENHOFF, DIANE K.	Amount of Contribution (\$) \$1.50
	Contributor address; City; State; Zip Code  WELLSVILLE, NY 14895	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNEY, PAUL	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76109	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) DENNEY LAW GROUP
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEPASTAS, NATHALIE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  FALLS CHURCH, VA 22043	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DESELL, CATHIE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  IRVING, TX 75038	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/238 Rpt: 54/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE SILVA, ROHINI	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  HERNANDO, FL 34442	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE SILVA, ROHINI	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  HERNANDO, FL 34442	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIETZ, DONALD	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIETZ, DONALD	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIGARDI, PAMELA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  ANDERSON, SC 29625	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/238 Rpt: 55/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DILLARD, THOMAS	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN BENITO, TX 78586	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DINH, ROCKY	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  FAYETTEVILLE, NC 28314	
Principal occupation / Job title (See Instructions) REMEDIES		Employer (See Instructions) REMEDIES
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DINH, ROCKY	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  FAYETTEVILLE, NC 28314	
Principal occupation / Job title (See Instructions) REMEDIES		Employer (See Instructions) REMEDIES
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DITTMAR, DALE (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DODSON, GEORGE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  COLLEYVILLE, TX 76034	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/238 Rpt: 56/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOMINEY, CLIFFORD	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  ALVIN, TX 77511	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
<b>Date</b> 09/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALDSON, SUSANNAH	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  MIDLAND, TX 79710	
<b>Principal occupation / Job title (See Instructions)</b> MANAGER		<b>Employer (See Instructions)</b> PURVIS OPERATING CO.
<b>Date</b> 12/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DRAKE, RHONDA	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  FAIR OAKS RANCH, TX 78015	
<b>Principal occupation / Job title (See Instructions)</b> PHYSICAL THERAPIST		<b>Employer (See Instructions)</b> TEXAS MED CLINIC
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DRINO, PETER	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  LAGUNA BEACH, CA 92651	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) DUKE, HEIDI	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  SAN ANTONIO, TX 78209-2837	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/238 Rpt: 57/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNAWAY, SCOTT	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  WEST LAKE HILLS, TX 78746	
<b>8</b> Principal occupation / Job title (See Instructions) PARTNER		<b>9</b> Employer (See Instructions) THE MONUMENT GROUP
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNN, JOHN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  BROWNWOOD, TX 76801	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DWYER, KATHEE	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  SAINT PAUL, MN 55125	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DYER, DON	Amount of Contribution (\$) \$50,000.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78731	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PJS TEXAS
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E LEWIS, TERRY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HAMILTON, MT 59840	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/238 Rpt: 58/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E WARNER, CHERICE ..... <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E WARNER, CHERICE ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EAGLE, JOHN M. ..... Contributor address; City; State; Zip Code  ANAHEIM, CA 92806	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) PIPE FABRICATION & SUPPLY CO
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASLEY, GALE ..... Contributor address; City; State; Zip Code  COMANCHE, TX 76442-0705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDGAR, SANDRA ..... Contributor address; City; State; Zip Code  RICHARDSON, TX 75081	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/238 Rpt: 59/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDGAR, SANDRA ..... <b>6</b> Contributor address; City; State; Zip Code  RICHARDSON, TX 75081	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDGAR, SANDRA ..... Contributor address; City; State; Zip Code  RICHARDSON, TX 75081	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDGAR, SANDRA ..... Contributor address; City; State; Zip Code  RICHARDSON, TX 75081	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, DAVID ..... Contributor address; City; State; Zip Code  IRVING, TX 75063	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, MIKE ..... Contributor address; City; State; Zip Code  ATLANTA, GA 30350	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/238 Rpt: 60/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, ROSEMARY	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78759	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EGERESI, ZOLTAN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SANTA CRUZ, CA 95060	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EGERESI, ZOLTAN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SANTA CRUZ, CA 95060	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EGERESI, ZOLTAN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SANTA CRUZ, CA 95060	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EGERESI, ZOLTAN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SANTA CRUZ, CA 95060	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/238 Rpt: 61/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EIFLER, CLAYTON	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78232	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIAS, JOEL	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  TERRE HAUTE, IN 47802	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, CLARK	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  GUTHRIE, OK 73044	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, CLARK	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  GUTHRIE, OK 73044	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, CLARK	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  GUTHRIE, OK 73044	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/238 Rpt: 62/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, CLARK	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  GUTHRIE, OK 73044	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, CLARK	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  GUTHRIE, OK 73044	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, DAVID	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75230	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMERSON, BRIAN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENGLAND, RONALD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  HIGHLAND, UT 84003	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/238 Rpt: 63/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENOS, KEN	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  LEWISVILLE, TX 75067	
<b>8</b> Principal occupation / Job title (See Instructions) REALTOR		<b>9</b> Employer (See Instructions) SELF
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ENOS, KEN	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  LEWISVILLE, TX 75067	
<b>Principal occupation / Job title (See Instructions)</b> REALTOR		<b>Employer (See Instructions)</b> SELF
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ERHARDT, STEVEN L. (Mr.)	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  SAN ANTONIO, TX 78259	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ESBJORN, LINDA	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  FT MYERS, FL 33919	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ESCALANTE, REBECCA	<b>Amount of Contribution (\$)</b> \$8.00
	<b>Contributor address; City; State; Zip Code</b>  SAN JOSE, CA 95136	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/238 Rpt: 64/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVANS, CAROL	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  SHREVEPORT, LA 71109	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVERHART, JANE G.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78209	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FALKIEWICZ, KATHLEEN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78201	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARGO, JAMES	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  RICHMOND, VA 23233	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARMER, JOSEPH	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  WICHITA FALLS, TX 76306-1135	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/238 Rpt: 65/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARMER, JOSEPH	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  WICHITA FALLS, TX 76306	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRELL, CHERI	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SAN DIEGO, CA 92122	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, MARCUS	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  FRIENDSWOOD, TX 77546	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FELIX, JOSEPH	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  NEWMAN, CA 95360	
Principal occupation / Job title (See Instructions) TRUCK DRIVER		Employer (See Instructions) PENSKE LAGISTICS
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FELL, LEO	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SUN CITY CENTER, FL 33573	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/238 Rpt: 66/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERGUSON, DEAN	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78748	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNSLER, GEORGE	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code  NEW YORK, NY 10040	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNSLER, GEORGE	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  NEW YORK, NY 10040	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNSLER, GEORGE	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  NEW YORK, NY 10040	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNSLER, GEORGE	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NEW YORK, NY 10040	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/238 Rpt: 67/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELD, ERIN	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  DРИPPING SPRINGS, TX 78620	
<b>8</b> Principal occupation / Job title (See Instructions) SELF		<b>9</b> Employer (See Instructions) SELF
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) FISH SR, ROYAL	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  VALPARAISO, FL 32580	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) FITTRO, JERRY	<b>Amount of Contribution (\$)</b> \$3.00
	<b>Contributor address; City; State; Zip Code</b>  KNOXVILLE, TN 37917	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) FLAHIVE, ANDREW	<b>Amount of Contribution (\$)</b> \$25,000.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78746	
<b>Principal occupation / Job title (See Instructions)</b> PRESIDENT		<b>Employer (See Instructions)</b> THE AMHERST GROUP
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) FLETCHER, DAVID	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/238 Rpt: 68/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLETCHER, DAVID	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLETCHER, DAVID	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLETCHER, DAVID	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLETCHER, DAVID	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLETCHER, DAVID	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/238 Rpt: 69/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLOHRSCHUTZ, DENNIS	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  BERRYTON, KS 66409	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, CELIA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CONROE, TX 77304	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLOYD, KENNETH A.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  COMFORT, TX 78013	
Principal occupation / Job title (See Instructions) OIL AND GAS LANDMAN		Employer (See Instructions) SELF-EMPLOYED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOR, JOSH	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  ROWELL, GA 30077	
Principal occupation / Job title (See Instructions) C00812974		Employer (See Instructions) FEC ID
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, BUZZ	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SAN MARCOS, TX 78666	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/238 Rpt: 70/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCISCO, NOEL	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  WASHINGTON, DC 20016	
<b>8</b> Principal occupation / Job title (See Instructions) PARTER		<b>9</b> Employer (See Instructions) JONES DAY
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKEL, DEBORAH	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  ARLINGTON, TX 76005	
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) MICRODESK
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKIE, PATRICIA	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  MIDDLEBURY, VT 05753	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREEMAN, MARY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BREA, CA 92821	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRENCH, CATHERINE	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  MUSKEGO, WI 53150	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/238 Rpt: 71/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRESCHI, JACK	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  BRENTWOOD, CA 94513	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRISK, BELINDA S. (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRISK, BELINDA S. (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRISK, BELINDA S. (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRIZZELLE, CHARLES	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Dacula, GA 30019	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/238 Rpt: 72/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRONING, JOHN	<b>7</b> Amount of Contribution (\$) \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  CROSSVILLE, TN 38572	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRONTZ, RICHARD F. (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRY, PAT A. (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  CYPRESS MILL, TX 78663	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABALDO, GUS	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  LOS ANGELES, CA 90063	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAMBLE, FREDDY	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  KERRVILLE, TX 78028-4630	
Principal occupation / Job title (See Instructions) CHIEF FINANCIAL OFFICER		Employer (See Instructions) PRESBYTERIAN MO-RANCH ASSEMBLY

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/238 Rpt: 73/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GANT, DEBORAH	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  PEARLAND, TX 77584	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JOE A.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78767	
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) THE GARCIA GROUP
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, BOB	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  MC CORMICK, SC 29835	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARTENBERG, JOEL	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  MANSFIELD, TX 76063	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARVER, C M	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77055	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) GARVER REAL ESTATE

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/238 Rpt: 74/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEARY, PATRICIA	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  MISSOURI CITY, TX 77489	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERHAB, BRYAN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BETHLEHEM, PA 18017	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERHAB, BRYAN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BETHLEHEM, PA 18017	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERHAB, BRYAN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BETHLEHEM, PA 18017	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERHAB, BRYAN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BETHLEHEM, PA 18017	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/238 Rpt: 75/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIBSON, BOB ..... <b>6</b> Contributor address; City; State; Zip Code  BASTROP, TX 78602	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIBSON, LYNN ..... Contributor address; City; State; Zip Code  SUNNYVALE, TX 75182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIBSON, MARTHA ..... Contributor address; City; State; Zip Code  ATHENS, TX 75751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILESMCCALLY, MOLLIE ..... Contributor address; City; State; Zip Code  BUCKEYE, AZ 85326	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILESMCCALLY, MOLLIE ..... Contributor address; City; State; Zip Code  BUCKEYE, AZ 85326	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/238 Rpt: 76/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILESMCCALLY, MOLLIE	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  BUCKEYE, AZ 85326	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILKERSON, LEE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75229	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILLEY, LAWRENCE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  JEFFERSONTON, VA 22724	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILMER, ALLEN	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  WEST LAKE HILLS, TX 78746	
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) DRILLINGINFO
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILMER, ALLEN	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  WEST LAKE HILLS, TX 78746	
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) DRILLINGINFO

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/238 Rpt: 77/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIPSON, BECK	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  KERRVILLE, TX 78029-1754	
<b>8</b> Principal occupation / Job title (See Instructions) REAL ESTATE		<b>9</b> Employer (See Instructions) GIPSON REAL ESTATE SERVICES, LLC
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENNEY, ALLEN	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  MINEOLA, TX 75773	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GODDARD, PAMELA	<b>Amount of Contribution (\$)</b> \$75.00
	<b>Contributor address; City; State; Zip Code</b>  NICHOLS HILLS, OK 73116	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GODDEN, STEVEN	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  WINTERS, CA 95694	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GOEBEL, BEV	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  BOISE, ID 83709	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/238 Rpt: 78/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOIAS, ETHEL JEAN ..... <b>6</b> Contributor address; City; State; Zip Code  LYNDHURST, NJ 07071	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLD, JAMES ..... Contributor address; City; State; Zip Code  GARWOOD, TX 77442	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLDBERG, JACOBO ..... Contributor address; City; State; Zip Code  HOUSTON, TX 77027	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) PEDIATRICS OF SW HOUSTON
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLDBERG, JACOBO ..... Contributor address; City; State; Zip Code  HOUSTON, TX 77027	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) PEDIATRICS OF SW HOUSTON
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLLWITZER, ARTHUR ..... Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) JACKSON WALKER

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/238 Rpt: 79/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOMEAUX, FRANCIS	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS		<b>9</b> Employer (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOMEZ, LOURDES	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  MIAMI, FL 33186	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) BRIDGEPREP ACADEMY
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOODMAN, GEORGE R. (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  WILLISTON, ND 58801	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOODWIN, ALAN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  SPRING, TX 77379	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORDON, CHRISTY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/238 Rpt: 80/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORDON, CHRISTY	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAFA, TREY	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79710	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAFF, STANLEY V.	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75219	
Principal occupation / Job title (See Instructions) AUTO DEALER		Employer (See Instructions) GRAFF CHEVROLET
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAHAM, BETTY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SAN MARCOS, TX 78666	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAHAM, JIMMIE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  HOLLYWOOD PARK, TX 78232	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/238 Rpt: 81/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAHAM, JIMMIE	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  HOLLYWOOD PARK, TX 78232	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAHAM, ROBERT	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  PLANO, TX 75093	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAHAM SR, THOMAS	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  COUPEVILLE, WA 98239	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANADE, CHARLES	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  LAKEHILLS, TX 78063	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANGER, ROSSLYN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77057	
Principal occupation / Job title (See Instructions) PSYCHOTHERAPIST		Employer (See Instructions) ROSSLYN GRANGER

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/238 Rpt: 82/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAY, EDMUND	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
<b>8</b> Principal occupation / Job title (See Instructions) RENTAL SALES		<b>9</b> Employer (See Instructions) HOME DEPOT
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAYBILL, MICHAEL	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  NEW BRAUNFELS, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, GEORGE	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  NEW BRAUNFELS, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b> INFORMATION REQUESTED PER BEST EFFORTS		<b>Employer (See Instructions)</b> INFORMATION REQUESTED PER BEST EFFORTS
<b>Date</b> 11/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, PATRICK	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  HIDDEN VALLEY LAKE, CA 95467	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, SUSAN	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  HOUSTON, TX 77065	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/238 Rpt: 83/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREENBERG, JEFF	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78731	
<b>8</b> Principal occupation / Job title (See Instructions) SELF EMPLOYED		<b>9</b> Employer (See Instructions) JMG
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GREIL, DOUG	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  ATHOL, ID 83801	
<b>Principal occupation / Job title (See Instructions)</b> CARPENTER		<b>Employer (See Instructions)</b> STANCRAFT
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GRESETH, MICHAEL	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  FARIBAULT, MN 55021	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIESENBECK, KEN	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  SAN ANTONIO, TX 78209	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFITH, ROBERT	<b>Amount of Contribution (\$)</b> \$2.00
	<b>Contributor address; City; State; Zip Code</b>  HAMMOND, IN 46324	
<b>Principal occupation / Job title (See Instructions)</b> SALES AGENT		<b>Employer (See Instructions)</b> SELF-EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/238 Rpt: 84/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFITH, ROBERT	<b>7</b> Amount of Contribution (\$) \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  HAMMOND, IN 46324	
<b>8</b> Principal occupation / Job title (See Instructions) SALES AGENT		<b>9</b> Employer (See Instructions) SELF-EMPLOYED
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GRISSAM, CHARLEY	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  MIDLAND, TX 79706	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GRISCOM, JANAN	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78732-2417	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GROSS, JEFF	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  MOUNT AIRY, MD 21771	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GRYCZEWSKI, LAWRENCE ROBERT	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  MOKENA, IL 60448	
<b>Principal occupation / Job title (See Instructions)</b> LAWYER		<b>Employer (See Instructions)</b> LAWRENCE GRYCZEWSKI

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/238 Rpt: 85/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUDAT, BETTY	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78240	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUMM, GARY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  OMAHA, NE 68136	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUNTHER, J.	Amount of Contribution (\$) \$5.24
	Contributor address; City; State; Zip Code  ACTON, CA 93510	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUYNN, NITA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  GEORGETOWN, TX 78633	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUYNN, NITA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  GEORGETOWN, TX 78633	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/238 Rpt: 86/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUYNN, NITA	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  GEORGETOWN, TX 78633	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
<b>Date</b> 11/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GUYNN, NITA	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  GEORGETOWN, TX 78633	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GUYNN, NITA	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  GEORGETOWN, TX 78633	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GUYNN, NITA	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  GEORGETOWN, TX 78633	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GUYNN, NITA	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  GEORGETOWN, TX 78633	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/238 Rpt: 87/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAAR, JENNIFER ..... <b>6</b> Contributor address; City; State; Zip Code  KATY, TX 77494	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HACKER, DAVID J. ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78736	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) TEXAS ATTORNEY GENERAL
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAGOOD, MARK R. (Mr.) ..... Contributor address; City; State; Zip Code  FORT WORTH, TX 76135	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAHN, ROBERT ..... Contributor address; City; State; Zip Code  MARLTON, NJ 08053-1121	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAKE, JUDY ..... Contributor address; City; State; Zip Code  DOVER, PA 17315	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/238 Rpt: 88/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALE, FRANK M. (Mr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  HARLINGEN, TX 78552	
<b>8</b> Principal occupation / Job title (See Instructions) CONTRACTS		<b>9</b> Employer (See Instructions) RIO ELEVATOR
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALE, FRANK M. (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  HARLINGEN, TX 78552	
Principal occupation / Job title (See Instructions) CONTRACTS		Employer (See Instructions) RIO ELEVATOR
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, ELIZABETH	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  WILLOW, AK 99688	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, GLENN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  GAINESVILLE, FL 32606	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, JAMES E.	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79702	
Principal occupation / Job title (See Instructions) OIL & GAS OPERATOR		Employer (See Instructions) SELF-EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/238 Rpt: 89/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMILTON, JUDY	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  FRANKLIN, NC 28734	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMLETT, TAMON	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78749-1047	
Principal occupation / Job title (See Instructions) CONST. SERVICES LIAISON		Employer (See Instructions) U.S. HOUSE
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMON, KATHLEEN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BOONE, IA 50036	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMPTON, STEVE	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  FAIR OAKS RANCH, TX 78015	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANNA, KAROLYN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  SANTA BARBARA, CA 93111	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/238 Rpt: 90/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANNA, KAROLYN	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  SANTA BARBARA, CA 93111	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARDEMAN, MARK	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SONORA, TX 76950	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARDY, MICHAEL	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  COLLEGE STATION, TX 77845-2043	
Principal occupation / Job title (See Instructions) HIGHER EDUCATION		Employer (See Instructions) TEXAS A&M UNIVERSITY
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARNLY, JOHN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  DENTON, TX 76207	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRELL, BONNIE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132-2976	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) BONNIE C HARRELL, PC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/238 Rpt: 91/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SUZANNE Z. ..... <b>6</b> Contributor address; City; State; Zip Code  WEST LAKE HILLS, TX 78746	<b>7</b> Amount of Contribution (\$) \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions) MANAGER		<b>9</b> Employer (See Instructions) HARRIS PRESTON AND PARTNERS
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, BRIAN ..... Contributor address; City; State; Zip Code  GEORGETOWN, TX 78628	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) LAW ENFORCEMENT		Employer (See Instructions) US GOVERNMENT
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HART, MILLY ..... Contributor address; City; State; Zip Code  DENVER, CO 80222	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARVEY, MARILYN ..... Contributor address; City; State; Zip Code  ALLEN, TX 75002	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HASTINGS, RIC ..... Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132-3519	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/238 Rpt: 92/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HASTINGS, RIC	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEAD, LEA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  WHITEWRIGHT, TX 75491	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEARD, DEBORAH	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  GOLIAD, TX 77963	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEARNE, THOMAS	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  ALBEMARLE, NC 28001	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEIRENDT, PHIL	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  WARRENVILLE, IL 60555	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/238 Rpt: 93/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEITMAN, JOHN	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78745	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELD M.D., KRIS S. (Dr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78230	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELZER, RICHARD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CANBY, OR 97013	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICKSON, BRETT	Amount of Contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code  SOUTHLAKE, TX 76092	
Principal occupation / Job title (See Instructions) PORTFOLIO MANAGER		Employer (See Instructions) NOKOMIS CAPITAL LLC
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENSLEY, GLORIA R.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  PORTLAND, MI 48875	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/238 Rpt: 94/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERD, HELEN W.	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERMAN, JOSEPH	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  OVERLAND PARK, KS 66204	\$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, CATALINA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78230	\$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, LUIS	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  MONTEBELLO, CA 90640	\$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEYLER, VIRGINIA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  MISSOULA, MT 59808	\$3.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/238 Rpt: 95/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILDEBRAND, EDDIE	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  HEREFORD, PA 18056	
<b>8</b> Principal occupation / Job title (See Instructions) TECHNICIAN		<b>9</b> Employer (See Instructions) FRESCO
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILER, JONATHAN	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  ALEXANDRIA, VA 22308	
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) MILLER STRATEGIES LLC
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, HARLAN	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78702-3610	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) HILL FINANCIAL EDUCATION, INC.
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, MANFRED	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SMITHVILLE, TX 78957	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, MANFRED	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SMITHVILLE, TX 78957	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/238 Rpt: 96/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBBS, LEN	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  BRECKENRIDGE, TX 76424	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBBS, LYNN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  WOODSTOCK, GA 30188	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HODGES, LAURA G. (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  GOLDSBORO, NC 27530	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HODGES, MICHAEL LYNN	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  SAN JUAN PR 00908 Puerto Rico	
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS		Employer (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOELSCHER, DARRIN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78247-2025	
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/238 Rpt: 97/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOGAN, KEVIN	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  PAHRUMP, NV 89041	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLBROOK, STEVEN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CLERMONT, FL 34711	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLARN, JAMES	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  SAN DIEGO, CA 92177	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLMBERG, RICHARD L.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  COMFORT, TX 78013	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLMES, WILLIAM L.	Amount of Contribution (\$) \$50,000.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79702	
Principal occupation / Job title (See Instructions) OIL & GAS		Employer (See Instructions) SELF- EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/238 Rpt: 98/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLT, LARRY G.	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  COLLEGE STATION, TX 77845	
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMES, MADELEINE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  PALM BEACH, FL 33480	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOPER, JIM	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  UPLAND, CA 91784	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOPER, JIM	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  UPLAND, CA 91784	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOPER, JIM	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  UPLAND, CA 91784	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/238 Rpt: 99/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSFORD, CHARLES	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  JEMEZ SPRINGS, NM 87025	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOTSON, JAN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  BELLEVUE, WA 98005-1533	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWARD, GARY	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  CENTERVILLE, UT 84014	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOYT, HARRY H	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  PARIS, TX 75460	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFFINES, PHILLIP W.	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75225	
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) HUFFINES COMMUNITIES

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/238 Rpt: 100/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFFINES, PHILLIP W.	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75225	
<b>8</b> Principal occupation / Job title (See Instructions) REAL ESTATE		<b>9</b> Employer (See Instructions) HUFFINES COMMUNITIES
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, D MICHAEL	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  INGRAM, TX 78025	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, D MICHAEL	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  INGRAM, TX 78025	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGUENIN, MICHELE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  EL PASO, TX 79912	
Principal occupation / Job title (See Instructions) ESTHETICIAN		Employer (See Instructions) SELF
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUM PHRIES, ART	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/238 Rpt: 101/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUM PHRIES, ART ..... <b>6</b> Contributor address; City; State; Zip Code  BOERNE, TX 78006	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUM PHRIES, ART ..... Contributor address; City; State; Zip Code  BOERNE, TX 78006	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUM PHRIES, ART ..... Contributor address; City; State; Zip Code  BOERNE, TX 78006	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNT, SANDRA ..... Contributor address; City; State; Zip Code  GLENDORA, CA 91741	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) BROKER	Employer (See Instructions) ARC
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUSSEY, KATHY ..... Contributor address; City; State; Zip Code  LLANO, TX 78643	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/238 Rpt: 102/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HYDER, SHAWN	<b>7</b> Amount of Contribution (\$) \$8.00
	<b>6</b> Contributor address; City; State; Zip Code  PONCE DE LEON, FL 32455	
<b>8</b> Principal occupation / Job title (See Instructions) HANDICAPPED AND RETIRED		<b>9</b> Employer (See Instructions) NONE
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HYNDMAN, GERALD	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78209	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HYNES, ALLEN	Amount of Contribution (\$) \$33.00
	Contributor address; City; State; Zip Code  MIDLAND, VA 22728	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGOLD, RICHARD	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78218	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGOLD, RICHARD	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78218	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/238 Rpt: 103/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGRAM ..... <b>6</b> Contributor address; City; State; Zip Code  SAN MARCOS, TX 78666	<b>7</b> Amount of Contribution (\$) \$25,000.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions)
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INKS, ROBERT ..... Contributor address; City; State; Zip Code  BAYTOWN, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IVY, DIANE ..... Contributor address; City; State; Zip Code  SAN DIEGO, CA 92111	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, PETER ..... Contributor address; City; State; Zip Code  HOUSTON, TX 77024	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACOB, GERALD ..... Contributor address; City; State; Zip Code  SUGAR LAND, TX 77478	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PRINCIPA		Employer (See Instructions) RUBICON REALTY GROUP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/238 Rpt: 104/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JARNAGIN, WILLIAM	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  DРИPPING SPRINGS, TX 78620	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAT CAPITAL PARTNERS LP	Amount of Contribution (\$) \$100,000.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75201	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, BRENDA	Amount of Contribution (\$) \$2.10
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76123	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNINGS, RITA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  GRASS VALLEY, CA 95945	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENSEN, MARCUS RAY (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  LOGANDALE, NV 89021	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/238 Rpt: 105/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, DENNIS R.	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  MIDLAND, TX 79701	
<b>8</b> Principal occupation / Job title (See Instructions) CHAIRMAN & CEO		<b>9</b> Employer (See Instructions) SUMMIT PETROLEUM
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, GARY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  MILL CREEK, WA 98082	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, GREGORY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SAMMAMISH, WA 98075-9571	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, GREGORY	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  SAMMAMISH, WA 98075	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, RITA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  HEDGESVILLE, WV 25427	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/238 Rpt: 106/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, ROSE .....  <b>6</b> Contributor address; City; State; Zip Code  SHERIDAN, WY 82801	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, ARCHIE .....  Contributor address; City; State; Zip Code  BOERNE, TX 78006	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) TEACHER	Employer (See Instructions) UTHSCSA
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, DUANE .....  Contributor address; City; State; Zip Code  HOUSTON, TX 77025	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) REGISTERED NURSE	Employer (See Instructions) SELF EMPLOYED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, SARAH .....  Contributor address; City; State; Zip Code  FORT WORTH, TX 76123	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORDAN, LARRY .....  Contributor address; City; State; Zip Code  PORTLAND, OR 97225	Amount of Contribution (\$) \$6.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/238 Rpt: 107/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORGENSEN, DAVID	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  FULSHEAR, TX 77441	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASE, DIANA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  PENSACOLA, FL 32504	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATOPODY, LU	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75243	
Principal occupation / Job title (See Instructions) REGISTERED NURSE		Employer (See Instructions) LU KATOPODY
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAUFMANN, SIDNEY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  LOS GATOS, CA 95032	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAVALARY, DONALD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NEW BERLIN, WI 53151	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/238 Rpt: 108/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAVOUSSI, BONNIE	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78216	
<b>8</b> Principal occupation / Job title (See Instructions) UNEMPLOYED		<b>9</b> Employer (See Instructions) UNEMPLOYED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAVOUSSI, BONNIE	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78216	
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAYSER, RICHARD	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78255	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITHLY, CHERYL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  YUMA, AZ 85364	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITHLY, CHERYL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  YUMA, AZ 85364	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/238 Rpt: 109/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITHLY, CHERYL ..... <b>6</b> Contributor address; City; State; Zip Code  YUMA, AZ 85364	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLER, KORY ..... Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) ALLEN KELLER COMPANY
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLER, SCOTT ..... Contributor address; City; State; Zip Code  MCLEAN, VA 22101-2410	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) LEHOTSKY KELLER LLP
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY, COLE ..... Contributor address; City; State; Zip Code  ATHENS, GA 30606-7641	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SUMMER CAMP DIRECTOR		Employer (See Instructions) CAMP WEEQUAHIC
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELVER, LENORE ..... Contributor address; City; State; Zip Code  SPRING, TX 77386	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ADMIN		Employer (See Instructions) SCCI

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/238 Rpt: 110/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERKHOFF, WILLAIM J. ..... <b>6</b> Contributor address; City; State; Zip Code  O'BRIEN, FL 32071	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERN, HAROLD ..... Contributor address; City; State; Zip Code  MELISSA, TX 75454-3051	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEY, KARL ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIMBLE, CYNTHIA ..... Contributor address; City; State; Zip Code  CEDAR PARK, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIGITAL MARKETING		Employer (See Instructions) DMMS
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, SAMUEL ..... Contributor address; City; State; Zip Code  KINGSLAND, TX 78639	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/238 Rpt: 111/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KINMAN, GERALD E. (Mr.)	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  KELLER, TX 76248	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KINMAN, GERALD E. (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  KELLER, TX 76248	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KINMAN, GERALD E. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  KELLER, TX 76248	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KINSER, LARRY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  OCEANSIDE, CA 92054	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIRCHOFF, DON	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78260	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/238 Rpt: 112/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KISNER, HELEN A.B.	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  MIDLAND, TX 79707	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIVETT, GERALD	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  ORLANDO, FL 32835	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) RUSSELL WILSON ENTERPRISES
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLEIN, GERALD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  TAMARAC, FL 33321	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLEINE, SUSAN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  CHINO VALLEY, AZ 86323	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNIGHT, GARY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/238 Rpt: 113/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNIPPA, BRADLEY S.	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78746-1133	
<b>8</b> Principal occupation / Job title (See Instructions) LAWYER/CPA		<b>9</b> Employer (See Instructions) JACKSON WALKER, LLP
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOEHNEN, YVONNE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  GLENN, CA 95943	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOHNKE, JOHN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  WESTLAND, MI 48185	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOOHY, CAROL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  YAKIMA, WA 98908	
Principal occupation / Job title (See Instructions) CAREGIVER		Employer (See Instructions) CDWA
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KORNOFF, IVAN	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  PARKER, AZ 85344	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/238 Rpt: 114/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVALCIK, JOHN	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRAL, ALAN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  PARMA, OH 44129	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRALJ, JEANNON	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78749	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRAUSE, DARYL	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  CULVER, OR 97734	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KROBOT, CRISTINA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	
Principal occupation / Job title (See Instructions) WEEKEND STAFF		Employer (See Instructions) KERRVILLE CONVENTION AND VISITORS BURE

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/238 Rpt: 115/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAGUARDIA, JAMES	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  COPPEROPOLIS, CA 95228	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKEY, DAVID	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NIXON, TX 78140	
Principal occupation / Job title (See Instructions) SALES ASSOCIATE		Employer (See Instructions) HOME DEPOT SEGUIN, TX
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKEY, DAVID	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NIXON, TX 78140	
Principal occupation / Job title (See Instructions) SALES ASSOCIATE		Employer (See Instructions) HOME DEPOT SEGUIN, TX
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKEY, DAVID	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NIXON, TX 78140	
Principal occupation / Job title (See Instructions) SALES ASSOCIATE		Employer (See Instructions) HOME DEPOT SEGUIN, TX
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANDER, LISA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/238 Rpt: 116/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANDERS, BECKY	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78738	
<b>8</b> Principal occupation / Job title (See Instructions) FREELAND COURT REPORTER		<b>9</b> Employer (See Instructions) SELF
<b>Date</b> 10/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LANG, ANDY	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  KEMAH, TX 77565	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LANG, ANDY	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  KEMAH, TX 77565	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LANG, WILLIAM A.	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  KEMAH, TX 77565	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LANGLES, CHANTAL	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  WELLINGTON, FL 33414	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/238 Rpt: 117/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANGSTON, WILLIE T.	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77019	
<b>8</b> Principal occupation / Job title (See Instructions) MONEY MANAGER		<b>9</b> Employer (See Instructions) AVALON ADVISOR
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANTZ, ALLEN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  MAPLE VALLEY, WA 98038	
Principal occupation / Job title (See Instructions) COMPUTER PGMR		Employer (See Instructions) COSTCO
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAPISH, JOAN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  HERNANDO, FL 34442	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LATTERELL, DIANE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BOONE, IA 50036	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LATTERELL, DIANE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BOONE, IA 50036	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/238 Rpt: 118/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAUDERBACK, MARGARET	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78746-3733	
<b>8</b> Principal occupation / Job title (See Instructions) POLITICAL CONSULTANT		<b>9</b> Employer (See Instructions) THE LAUDERBACK GROUP
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURENDEAU, CHARLES	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  WOLCOTT, CT 06716	
Principal occupation / Job title (See Instructions) MACHINE OPERATOR		Employer (See Instructions) PALCO CONNECTOR
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, GARY	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75254	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LAWSON ATTORNEYS PLLC
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, GARY	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75254	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LAWSON ATTORNEYS PLLC
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAZELL, ELAINE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  SPRINGFIELD, IL 62707	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/238 Rpt: 119/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEB, ADAM ..... <b>6</b> Contributor address; City; State; Zip Code  PALM SPRINGS, CA 92263	<b>7</b> Amount of Contribution (\$) \$18.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, GEOFFREY ..... Contributor address; City; State; Zip Code  ALLENTOWN, PA 18103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEIBE, BRANDT ..... Contributor address; City; State; Zip Code  HOUSTON, TX 77027-4031	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) KING & SPALDING LLP
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEITHE, JUDITH P. ..... Contributor address; City; State; Zip Code  ISSAQAH, WA 98027	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS		Employer (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, SALLY N. ..... Contributor address; City; State; Zip Code  LIVE OAK, TX 78233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/238 Rpt: 120/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEYSHON, DAVID W. (Mr.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  WEST CHESTER, PA 19380	
<b>8</b> Principal occupation / Job title (See Instructions) SHELF STOCKER		<b>9</b> Employer (See Instructions) WAL MART
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LICON, PATRICIA	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  PROSPER, TX 75078	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 09/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LIN, LISA	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78704	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> SOCIETY OF TRADITIONAL MEDICINE & ARTS
<b>Date</b> 10/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDQUIST, RON	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  ROUND ROCK, TX 78664	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDQUIST, RON	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  ROUND ROCK, TX 78664	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/238 Rpt: 121/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDQUIST, RON	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  ROUND ROCK, TX 78664	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDQVIST, H J	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  TIBURON, CA 94920	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISK, RICK	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77059	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LITTLETON, THOMAS	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  NACOGDOCHES, TX 75965	
Principal occupation / Job title (See Instructions) INSURANCE		Employer (See Instructions) SELF
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOBIANCO, JANETTE	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SCOTTSDALE, AZ 85251	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/238 Rpt: 122/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOBIANCO, JANETTE	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  SCOTTSDALE, AZ 85251	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORENZEN, EDWARD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CROSSVILLE, TN 38558	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORENZEN, EDWARD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CROSSVILLE, TN 38558	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORENZEN, EDWARD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CROSSVILLE, TN 38558	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVEALL, DEBBIE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  NASH, TX 75569	
Principal occupation / Job title (See Instructions) LOAN OFFICER		Employer (See Instructions) RED RIVER FCU

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/238 Rpt: 123/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWE, AL ..... <b>6</b> Contributor address; City; State; Zip Code  THE VILLAGES, FL 32162	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUEDEKE, SANDRA L. (Mrs.) ..... Contributor address; City; State; Zip Code  GREENWOOD, WI 54437	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUGO, LEE ..... Contributor address; City; State; Zip Code  PLANO, TX 75023	Amount of Contribution (\$)  \$40.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUGOSCH, BONNIE ..... Contributor address; City; State; Zip Code  SUGAR LAND, TX 77479	Amount of Contribution (\$)  \$100.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSBY, NANCY ..... Contributor address; City; State; Zip Code  MARTINSBURG, WV 25403	Amount of Contribution (\$)  \$5.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/238 Rpt: 124/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSBY, NANCY	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  MARTINSBURG, WV 25403	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSBY, NANCY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  MARTINSBURG, WV 25403	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYKES, JOHNSON	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  TAMPA, FL 33672	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MABEN, LELA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76107	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACDOUGALL, JOHN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78209	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/238 Rpt: 125/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACKAIG, RICHARD A. (Mr.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  DANA POINT, CA 92629	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACKINNON, ROBERT	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75214	
Principal occupation / Job title (See Instructions) BUSINESS ANALYST		Employer (See Instructions) UTSOUTHWESTERN
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACY, TIM	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  FOLSOM, CA 95630	
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) GUN OWNERS OF AMERICA
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADEN, SUE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ALBA, TX 75410	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAIN, COOKIE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  RIVER OAKS, TX 76114	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/238 Rpt: 126/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  <b>6</b> Contributor address; City; State; Zip Code  CLAWSON, MI 48017-1279	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/238 Rpt: 127/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  <b>6</b> Contributor address; City; State; Zip Code  CLAWSON, MI 48017	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/238 Rpt: 128/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  <b>6</b> Contributor address; City; State; Zip Code  CLAWSON, MI 48017	<b>7</b> Amount of Contribution (\$) \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/238 Rpt: 129/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  <b>6</b> Contributor address; City; State; Zip Code  CLAWSON, MI 48017	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/238 Rpt: 130/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  <b>6</b> Contributor address; City; State; Zip Code  CLAWSON, MI 48017	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/238 Rpt: 131/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  <b>6</b> Contributor address; City; State; Zip Code  CLAWSON, MI 48017	<b>7</b> Amount of Contribution (\$) \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/238 Rpt: 132/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  <b>6</b> Contributor address; City; State; Zip Code  CLAWSON, MI 48017	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE .....  Contributor address; City; State; Zip Code  CLAWSON, MI 48017	Amount of Contribution (\$)  \$1.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 130/238 Rpt: 133/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  CLAWSON, MI 48017	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  CLAWSON, MI 48017	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  CLAWSON, MI 48017	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALINOWSKI, ROGER	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  ORLAND PARK, IL 60462	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALLARI, JOSEPH	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CHICAGO, IL 60652	
Principal occupation / Job title (See Instructions) HOMECARE		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 131/238 Rpt: 134/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALLATT, HELEN F. (Ms.)	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  CHANNELVIEW, TX 77530	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALLORY, SYLVIA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CHARLESTON, SC 29406	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALLOY, KERRY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  BAYPORT, NY 11705	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONE, CAROL H.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76123-1393	
Principal occupation / Job title (See Instructions) PIANO TEACHER		Employer (See Instructions) SELF
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONE, MICHAEL	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CROSSVILLE, TN 38555	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 132/238 Rpt: 135/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANASCO, RAYMOND	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  SAINT JOHNS, FL 32259	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANSON, LINDA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BUDA, TX 78610	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANSON, LINDA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BUDA, TX 78610	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARCHETTI, THOMAS	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ROCKWALL, TX 75032-7009	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARKOWITZ, SIS	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  LAKE HOPATCONG, NJ 07849	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 133/238 Rpt: 136/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARLING, ROBERT	<b>7</b> Amount of Contribution (\$) \$75,000.00
	<b>6</b> Contributor address; City; State; Zip Code  MONTGOMERY, TX 77316	
<b>8</b> Principal occupation / Job title (See Instructions) CHAIRMAN & CEO		<b>9</b> Employer (See Instructions) WOODFOREST FINANCIAL GROUP
<b>Date</b> 11/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARSHALL, DAVID	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> ENGINEER		<b>Employer (See Instructions)</b> AMERGINT TECHNOLOGIES
<b>Date</b> 09/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARSHALL JR, E PIERCE	<b>Amount of Contribution (\$)</b> \$25,000.00
	<b>Contributor address; City; State; Zip Code</b>  DALLAS, TX 75230	
<b>Principal occupation / Job title (See Instructions)</b> ATTORNEY		<b>Employer (See Instructions)</b> MAROPCO
<b>Date</b> 09/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARSHALL JR, E PIERCE	<b>Amount of Contribution (\$)</b> \$25,000.00
	<b>Contributor address; City; State; Zip Code</b>  DALLAS, TX 75230	
<b>Principal occupation / Job title (See Instructions)</b> ATTORNEY		<b>Employer (See Instructions)</b> MAROPCO
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, BILL	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 134/238 Rpt: 137/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, LINDA	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  LYTLE, TX 78052	
<b>8</b> Principal occupation / Job title (See Instructions) PEDIATRICIAN		<b>9</b> Employer (See Instructions) CENTROMED
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, RETTA	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  BLANCO, TX 78606	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, OLIVIA	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  DALLAS, TX 75225	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, VICTOR	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  HEWITT, TX 76643	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MATHENY, DOUGLAS	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  KILLEEN, TX 76542	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 135/238 Rpt: 138/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTINGLY-CLOUSE, TERESA	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  ABILENE, TX 79605	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTOX, AMPAPORN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  ROANOKE, VA 24018	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTOX, AMPAPORN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  ROANOKE, VA 24018	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAXEY, BERLE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HARTFORD, AR 72938	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYO, CHARLES	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HUTTO, TX 78634	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 136/238 Rpt: 139/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYO, LEWIS .....  <b>6</b> Contributor address; City; State; Zip Code  LODI, CA 95242	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYO, LEWIS .....  Contributor address; City; State; Zip Code  LODI, CA 95242	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYS, JUDY .....  Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCALLY GILES, MOLLIE .....  Contributor address; City; State; Zip Code  BUCKEYE, AZ 85326	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCARTHY, LORETTA .....  Contributor address; City; State; Zip Code  NARRAGANSETT, RI 02882	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 137/238 Rpt: 140/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCARTY, DEBBIE	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  BLOOMINGTON, IL 61704	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCARVER, MICHAEL	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  SPRING, TX 77388	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCLELLAN, MICHAEL	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  NEWPORT BEACH, CA 92660	
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) NEWMEYER DILLION LLP
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCLURE, JAMES	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  TUCSON, AZ 85743	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCORMICK, BEVERLY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BECHTELSVILLE, PA 19505	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 138/238 Rpt: 141/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCRAY, GREG	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78749	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCRAY, GREG	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78749	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCRAY, RUBY H.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  RIESEL, TX 76682	
Principal occupation / Job title (See Instructions) MUSIC/SPANISH TEACHER		Employer (See Instructions) RUBY H. MCCRAY - SELF
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDONALD, JAMES	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  MONTGOMERY, TX 77356	
Principal occupation / Job title (See Instructions) CONSTRUCTION		Employer (See Instructions) BAKER
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGARVEY, R. CRAIG CRAIG	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  CHATTANOOGA, TN 37406	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 139/238 Rpt: 142/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGEE, TOM	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  FRANKLIN, NC 28734	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGUINNESS, PATRICK	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  GEORGETOWN, TX 78628	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) DELL TECHNOLOGIES
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCINALLY, JOHN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SCOTTSDALE, AZ 85258	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKELLAR, SALLY	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  TRENTON, MI 48183	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKENZIE, MARK	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78733	
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions) RENGER EXCAVATING

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 140/238 Rpt: 143/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKIBBEN, LYDIA	<b>7</b> Amount of Contribution (\$) \$7.00
	<b>6</b> Contributor address; City; State; Zip Code  KELLER, TX 76248	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKISSACK, GEORGIA SWAIN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  JOHNSON CITY, TX 78636	
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCLANE, MARK	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79705	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) ROSE & ASSOCIATES, LLP
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCLANE Jr., DRAYTON	Amount of Contribution (\$) \$200,000.00
	Contributor address; City; State; Zip Code  TEMPLE, TX 76503	
Principal occupation / Job title (See Instructions) CHAIRMAN		Employer (See Instructions) MCLANE GROUP
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNAIR, THOMAS	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  ORLANDO, FL 32836	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 141/238 Rpt: 144/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNAMEE, BERNARD	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  MIDLOTHIAN, VA 23113	
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) MCGUIREWOODS LLP
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNEELY, WILLIAM D	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNEELY, WILLIAM D	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNEELY, WILLIAM D	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNEELY, WILLIAM D	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  WEATHERFORD, TX 76088	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 142/238 Rpt: 145/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCPARTLAND, SYLVIA	<b>7</b> Amount of Contribution (\$) \$75.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77057	
<b>8</b> Principal occupation / Job title (See Instructions) DENTAL HYGIENIST		<b>9</b> Employer (See Instructions) SYLVIA MCPARTLAND
<b>Date</b> 12/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MCSWAIN, ANDREA	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  SHELBY, NC 28151	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MENG, CHINGCHI	<b>Amount of Contribution (\$)</b> \$8.00
	<b>Contributor address; City; State; Zip Code</b>  SAN DIEGO, CA 92101-6935	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MENG, CHINGCHI	<b>Amount of Contribution (\$)</b> \$8.00
	<b>Contributor address; City; State; Zip Code</b>  SAN DIEGO, CA 92101	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MEREDITH, RANDY	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  MOORESVILLE, NC 28117	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 143/238 Rpt: 146/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERRICK, SUSAN	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  CEDAR PARK, TX 78613	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERRICK, SUSAN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  CEDAR PARK, TX 78613	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERRITT, SHERRY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77069	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERRYMAN, MICHAEL	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  GRAND RAPIDS, MI 49525	
Principal occupation / Job title (See Instructions) DIESEL TECHNICIAN		Employer (See Instructions) RYDER TRANSPORTATION
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) METTETAL III, RAY	Amount of Contribution (\$) \$50,000.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78212	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ALLEGIANCE REFINING, LLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 144/238 Rpt: 147/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEURER, SUSAN .....  <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) SUSIE MEURER
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEURER, SUSAN .....  Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) SUSIE MEURER
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEURER, SUSAN .....  Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	Amount of Contribution (\$)  \$5.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) SUSIE MEURER
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEYER, JULIE .....  Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78247	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEYERS, DAVE .....  Contributor address; City; State; Zip Code  RICHMOND, VA 23226	Amount of Contribution (\$)  \$250.00
	Principal occupation / Job title (See Instructions) ATTORNEY	Employer (See Instructions) TROUTMAN SANDERS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 145/238 Rpt: 148/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICARI, VINCE	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  SKOKIE, IL 60076	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILAM, JAMES	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  MC GREGOR, TX 76657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILAM, JAMES	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  MC GREGOR, TX 76657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILAM, JAMES	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  MC GREGOR, TX 76657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILES, CLAY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  MANVEL, TX 77578	
Principal occupation / Job title (See Instructions) R.N.		Employer (See Instructions) HCA HOSPITAL

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 146/238 Rpt: 149/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILES, RANCE C.	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75254	
<b>8</b> Principal occupation / Job title (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS		<b>9</b> Employer (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILEY, JOHN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  BRADENTON, FL 34210	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILL, CONNIE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  FT WAYNE, IN 46845	
Principal occupation / Job title (See Instructions) STYLIST		Employer (See Instructions) SELF
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLENDER JR., PHIL	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  AZLE, TX 76020	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLENDER JR., PHIL	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  AZLE, TX 76020	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 147/238 Rpt: 150/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, DAVID G.	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  CALDWELL, OH 43724	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, DON A.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78735	
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS		Employer (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, DOUG	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  WINNEMUCCA, NV 89445	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, EDITH	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  BRYAN, TX 77808	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, GERALD	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  LA PLATA, MD 20646	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 148/238 Rpt: 151/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, GERALD .....  <b>6</b> Contributor address; City; State; Zip Code  LA PLATA, MD 20646	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, GERALD .....  Contributor address; City; State; Zip Code  LA PLATA, MD 20646	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLS, LARRY .....  Contributor address; City; State; Zip Code  FORT WORTH, TX 76179	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, EDDIE .....  Contributor address; City; State; Zip Code  SALINAS, CA 93907	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, LANE .....  Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) GENERAL CONTRACTOR	Employer (See Instructions) G. W. MITCHELL CONSTRUCTION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 149/238 Rpt: 152/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, PHYLLIS	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78216	
<b>8</b> Principal occupation / Job title (See Instructions) DESIGNER		<b>9</b> Employer (See Instructions) SPS DESIGNS
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, PHYLLIS	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78216	
Principal occupation / Job title (See Instructions) DESIGNER		Employer (See Instructions) SPS DESIGNS
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, PHYLLIS	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78216	
Principal occupation / Job title (See Instructions) DESIGNER		Employer (See Instructions) SPS DESIGNS
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MODROWSKI, GREG	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  VALPARAISO, IN 46385	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOLIND, SAMUEL	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  OKATIE, SC 29909	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 150/238 Rpt: 153/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOLNAR, LOUIS	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  BOUND BROOK, NJ 08805	
<b>8</b> Principal occupation / Job title (See Instructions) SUPERVISOR		<b>9</b> Employer (See Instructions) KOBO
<b>Date</b> 11/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MONDA, EMIL	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  LAGUNA BEACH, CA 92651	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, PAIGE	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  HOUSTON, TX 77042	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORWOOD, CHARLES	<b>Amount of Contribution (\$)</b> \$75.00
	<b>Contributor address; City; State; Zip Code</b>  LIVINGSTON, TX 77399	
<b>Principal occupation / Job title (See Instructions)</b> ENGINEER		<b>Employer (See Instructions)</b> KEYSIGHT TECHNOLOGIES
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MORA, MANUEL	<b>Amount of Contribution (\$)</b> \$75.00
	<b>Contributor address; City; State; Zip Code</b>  SAN ANTONIO, TX 78265-3512	
<b>Principal occupation / Job title (See Instructions)</b> SECURITY ASSISTANT		<b>Employer (See Instructions)</b> DEPARTMENT OF DEFENSE

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 151/238 Rpt: 154/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORA, MANUEL ..... <b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78265	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) SECURITY ASSISTANT		<b>9</b> Employer (See Instructions) DEPARTMENT OF DEFENSE
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORA, MANUEL ..... Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78265	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SECURITY ASSISTANT		Employer (See Instructions) DEPARTMENT OF DEFENSE
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAB, WILLIAM ..... Contributor address; City; State; Zip Code  NORTH YARMOUTH, ME 04097	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, ROBIN ..... Contributor address; City; State; Zip Code  TEMPLE, TX 76502	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN III, DAVID L. ..... Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78256	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) SBS CONSTRUCTION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 152/238 Rpt: 155/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRILL, SUSAN EAVES	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  BRANDYWINE, MD 20613	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOSES, DAVID	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76112	
Principal occupation / Job title (See Instructions) SOFTWARE PROGRAMMER		Employer (See Instructions) UNT HEALTH FORT WORTH
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOSLEY, FRED	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  LISLE, IL 60532	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOSS, STEPHANIE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  CHANDLER, TX 75758	
Principal occupation / Job title (See Instructions) R.N.		Employer (See Instructions) UTHET
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOUSOUDAKIS, HELEN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  KATY, TX 77450	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 153/238 Rpt: 156/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUELLER, SUSAN	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUELLER SMITH, MARY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BALLINGER, TX 76821	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUELLER SMITH, MARY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BALLINGER, TX 76821	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUELLER SMITH, MARY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BALLINGER, TX 76821	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUNDY, DANIEL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CHULA VISTA, CA 91914	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 154/238 Rpt: 157/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUNK, JEFFREY	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  WASHINGTON, DC 20006	
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY-AT-LAW		<b>9</b> Employer (See Instructions) SCHAERR-JAFFE LLP
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUNRO, DOUGLAS J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  DRIFTWOOD, TX 78619	
Principal occupation / Job title (See Instructions) IT RISK ANALYST		Employer (See Instructions) INSIGHT GLOBAL
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURCH, WAYNE	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NEWTON, NJ 07860	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURCH, WAYNE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  NEWTON, NJ 07860	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURPHY, THOMAS	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78253	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 155/238 Rpt: 158/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MYERS, TIM	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  RENSSELAER, NY 12144	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NA PIER, SUZANNE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  COSTA MESA, CA 92626	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NA PIER, SUZANNE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  COSTA MESA, CA 92626	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NA PIER, SUZANNE	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  COSTA MESA, CA 92626	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAGY, ANDREW A	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  FORT WAYNE, IN 46825	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 156/238 Rpt: 159/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAKATA, CAROL	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  AIEA, HI 96701	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00481200) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  LOVELAND, CO 80537	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEEDHAM, SHARON	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  CALDWELL, ID 83607	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEERMAN, JONATHAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75201-2725	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) JACKSON WALKER
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEIMAN, SUSAN	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  SAN MARCOS, TX 78666	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 157/238 Rpt: 160/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, FRED E. (Mr.)	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  VENICE, FL 34285	
<b>8</b> Principal occupation / Job title (See Instructions) ENGINEER		<b>9</b> Employer (See Instructions) SELF-EMPLOYED
<b>Date</b> 11/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWLAND, SARAH	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  YUMA, AZ 85367	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWLAND, SARAH	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  YUMA, AZ 85367	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWSOM, ALLAN L. (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  BOERNE, TX 78006	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWSOM, ALLAN L. (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  BOERNE, TX 78006	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 158/238 Rpt: 161/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWTON, JONATHAN	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77024	
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) KING & SPALDING
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWTON, JONATHAN	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77024	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) KING & SPALDING
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWTON, PAUL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CRESCENT CITY, CA 95531	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICOLET, ART	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  TUCSON, AZ 85712	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICOLET, ART	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  TUCSON, AZ 85712	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 159/238 Rpt: 162/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIENKE, STEVE	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  PECK, KS 67120	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOBLE, CHRISTINA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  HINGHAM, MA 02043	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOGGLE, MICHAEL K. (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOGGLE, MICHAEL K. (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOGGLE, MICHAEL K. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78006	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 160/238 Rpt: 163/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOGGLE, MIKE	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  BOERNE, TX 78006	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOLTE, DANIEL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  FAIRFIELD, CT 06824	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORDHAUS, JIM	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  SPRING, TX 77382	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN, CATHERINE	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  MONROVIA, CA 91016	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN, JOHN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78015	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 161/238 Rpt: 164/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOVIK, JAY	<b>7</b> Amount of Contribution (\$) \$25,000.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78703	
<b>8</b> Principal occupation / Job title (See Instructions) INVESTMENTS		<b>9</b> Employer (See Instructions) BLACK DIAMOND CAPITAL PARTNERS
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OKEY, WALTER	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  HIXSON, TN 37343	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OBANION II, GLENN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  OWASSO, OK 74055	
Principal occupation / Job title (See Instructions) RETIREMENT		Employer (See Instructions) RETIRED
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODOM, RON	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  PEARLAND, TX 77584	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLCESE, GUY	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 162/238 Rpt: 165/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OPDYCKE, NICOLA	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  NAPLES, FL 34105	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORR, DAVID	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  RICE, WA 99167	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, GEORGE	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  TEXAS CITY, TX 77568	
Principal occupation / Job title (See Instructions) MAINTENANCE		Employer (See Instructions) USPS
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSBORNE, LINDA	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  ASHDOWN, AR 71822	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSBORNE, MAUREEN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BRANCHVILLE, NJ 07826	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 163/238 Rpt: 166/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTT, SHARON	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77084	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) OTT, SHARON	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  HOUSTON, TX 77084	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) OTT, SHARON	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  HOUSTON, TX 77084	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) OWEN III, JAMES P. (Mr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  RANDLEMAN, NC 27317	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 09/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PACE, CHRISTOPHER	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  DALLAS, TX 75225	
<b>Principal occupation / Job title (See Instructions)</b> ATTORNEY		<b>Employer (See Instructions)</b> WINSTON & STRAWN LLP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 164/238 Rpt: 167/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PACE, D ..... <b>6</b> Contributor address; City; State; Zip Code  HUNTINGDON VALLEY, PA 19006	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) D. F. PACE, ESQ.
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PACHECO, SUZANNE ..... Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PACKARD, THOMAS ..... Contributor address; City; State; Zip Code  NAPLES, FL 34108	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAGE, BARBARA (Ms.) ..... Contributor address; City; State; Zip Code  KILLEEN, TX 76543	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAPE, LISA ..... Contributor address; City; State; Zip Code  EDMOND, OK 73013	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 165/238 Rpt: 168/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARISH, RUSSELL G. ..... <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78749	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) PARISH & WRIGHT PLLC
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, OWEN S. ..... Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) O.S. PARKER MD PLLC
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKS, JOHN ..... Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78247-3756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) INCOME WITHHOLDING SPECIALIST		Employer (See Instructions) SUPPORTKIDS SERVICES, INC.
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PART, MJ ..... Contributor address; City; State; Zip Code  LOS ANGELES, CA 90049	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PART, MJ ..... Contributor address; City; State; Zip Code  LOS ANGELES, CA 90049	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 166/238 Rpt: 169/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATAWARAN, MONTESA ..... <b>6</b> Contributor address; City; State; Zip Code  RICHMOND, TX 77469	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTERSON, MARCIA ..... Contributor address; City; State; Zip Code  TEMPLE, TX 76502	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTERSON, MARCIA ..... Contributor address; City; State; Zip Code  TEMPLE, TX 76502	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEACHER JR, ED ..... Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEKIN, EVELIN A. (Ms.) ..... Contributor address; City; State; Zip Code  SAN DIMAS, CA 91773	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 167/238 Rpt: 170/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEROT Jr., HENRY ROSS	<b>7</b> Amount of Contribution (\$) \$13,000.00
	<b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75219	
<b>8</b> Principal occupation / Job title (See Instructions) CHAIRMAN		<b>9</b> Employer (See Instructions) HILLWOOD
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PERRY, BOBBY JEAN	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  UPPER MARLBORO, MD 20772	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERS, JAY L.	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  DURHAM, NC 27707	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERS, JAY L.	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  DURHAM, NC 27707	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, COREY	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  PORT WASHINGTON, NY 11050	
<b>Principal occupation / Job title (See Instructions)</b> REAL ESTATE		<b>Employer (See Instructions)</b> GRACE MARENA I LLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 168/238 Rpt: 171/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, JON	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANGELO, TX 76904	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, PATRICIA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  EL CAJON, CA 92020	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, TORSTEN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  NORTH PRINCE GEORGE, VA 23860	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETRIE, CYNTHIA A. (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75248	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETTY JR, SCOTT	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78209	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 169/238 Rpt: 172/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, CLINTON	<b>7</b> Amount of Contribution (\$) \$7,500.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78735	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) MEDICI & HEALTH BY DESIGN
<b>Date</b> 12/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, JOSEPH	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  RED RIVER, NM 87558	
<b>Principal occupation / Job title (See Instructions)</b> PASTOR		<b>Employer (See Instructions)</b> FIRST BAPTIST RED RIVER
<b>Date</b> 10/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, ROBRT	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  BULVERDE, TX 78163	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, ROBRT	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  BULVERDE, TX 78163	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, ROBRT	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  BULVERDE, TX 78163	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 170/238 Rpt: 173/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICKARD, PHYLLIS ..... <b>6</b> Contributor address; City; State; Zip Code  SCHERTZ, TX 78154	<b>7</b> Amount of Contribution (\$) \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICKENS, JENNIFER ..... Contributor address; City; State; Zip Code  FRANKLIN LAKES, NJ 07417	Amount of Contribution (\$) \$4.44
Principal occupation / Job title (See Instructions) STUDENT		Employer (See Instructions) STUDENT
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIKE, TERRY ..... Contributor address; City; State; Zip Code  SPANAWAY, WA 98387	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) TRUCK DRIVER		Employer (See Instructions) COMBINE TRANSPORT
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINARD, THOMAS ..... Contributor address; City; State; Zip Code  RANCHO MIRAGE, CA 92270	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIRANIAN, HERMINEH (Mrs.) ..... Contributor address; City; State; Zip Code  ENCINO, CA 91436	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 171/238 Rpt: 174/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIROZZI USA RET, CSM GEORGE	<b>7</b> Amount of Contribution (\$) \$2.00
	<b>6</b> Contributor address; City; State; Zip Code  COPIAGUE, NY 11726-5114	
<b>8</b> Principal occupation / Job title (See Instructions) US ARMY RET		<b>9</b> Employer (See Instructions) US ARMY
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIZZICA, FRANK	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SAINT PETERSBURG, FL 33701	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PLOSS, HARRY	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  ADDISON, TX 75001	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLEWCHAK, SHANNON	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BILLINGS, MT 59105	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLICICCHIO, RINALDO ANTONIO	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  PITTSBURGH, PA 15213	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 172/238 Rpt: 175/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, TRENT ..... <b>6</b> Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) CONSULTANT		<b>9</b> Employer (See Instructions) DCS
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOLE, CHERYL ..... Contributor address; City; State; Zip Code  GRAND RAPIDS, MI 49503	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MEDIA TECH		Employer (See Instructions) VAI
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PORTER, CLIFFORD F. ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78732-1045	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) TEXAS DIRECT MEDICAL CARE
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PORTER, CLIFFORD F. ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) TEXAS DIRECT MEDICAL CARE
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POTTER, RAYBURN ..... Contributor address; City; State; Zip Code  MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 173/238 Rpt: 176/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POTTER, SHARIN	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  WEST PARK, FL 33023	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POTTS, MELANIE R. (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  COLUMBUS, OH 43230	
Principal occupation / Job title (See Instructions) ADMIN ASSISTANT		Employer (See Instructions) R.M.I.
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POTYK, ROGER	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78232	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRATER, JANET	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  BURLESON, TX 76028	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRATER, JANET	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  BURLESON, TX 76028	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 174/238 Rpt: 177/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRATER, JANET	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  BURLESON, TX 76028	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PRATER, JANET	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  BURLESON, TX 76028	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PRATER, JANET	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  BURLESON, TX 76028	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, GEORGE	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  NASHVILLE, TN 37217	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, GEORGE	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  NASHVILLE, TN 37217	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 175/238 Rpt: 178/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRYOR, ELIZABETH	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77084	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRYOR, ELIZABETH	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77084	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRYOR, ELIZABETH	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77084	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRYOR, ELIZABETH	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77084	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PUCYLOWSKI, FRED	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  WHITING, NJ 08759	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 176/238 Rpt: 179/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PUMPHREY, CATHY	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  TOMBALL, TX 77375-1034	
<b>8</b> Principal occupation / Job title (See Instructions) OIL & GAS		<b>9</b> Employer (See Instructions) HEC
<b>Date</b> 11/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) QUESADA, RICHARD	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  HOPEWELL JUNCTION, NY 12533	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) QUEVEDO, FRANK	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  SUISUN CITY, CA 94585	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) QUEVEDO, FRANK	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  SUISUN CITY, CA 94585	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) RACINOWSKI, RONALD	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  BOERNE, TX 78006	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 177/238 Rpt: 180/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RADOVAN, JO	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  COLLEGE STATION, TX 77840	
<b>8</b> Principal occupation / Job title (See Instructions) HOUSE DIRECTOR		<b>9</b> Employer (See Instructions) GAMMA PHI BETA SORORITY
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAIMER, PHILIP	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  THE VILLAGES, FL 32163	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RALLIS, ROBERT	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  VERNON, TX 76384	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMBIKUR, AUDREY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ROUND ROCK, TX 78665	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, PAMELA	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  MESA, AZ 85201	
Principal occupation / Job title (See Instructions) PARALEGAL		Employer (See Instructions) PAPETTI SAMUELS WEISS LLP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 178/238 Rpt: 181/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDALL, RICHARD	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  MEDINA, TX 78055	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RATHBONE, RANDEE	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79707	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) READY, MICHAEL	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78737	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REEDY, JOYCE E. (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  KEARNEYSVILLE, WV 25430	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REEDY, JOYCE E. (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  KEARNEYSVILLE, WV 25430	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 179/238 Rpt: 182/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REID, THOMAS	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW YORK, NY 10010	
<b>8</b> Principal occupation / Job title (See Instructions) LAWYER		<b>9</b> Employer (See Instructions) COMCAST
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REINKE, RONALD F	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  BIG BEND, WI 53103	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENNAKER, NANCY	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78749-2112	
Principal occupation / Job title (See Instructions) SENIOR COMPLIANCE DIRECTOR		Employer (See Instructions) NR BOOKKEEPING LLC
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENYAK, SHERRY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  FLORAL PARK, NY 11001	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYES, TONY	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  EL PASO, TX 79936	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 180/238 Rpt: 183/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICCIARDI, BERNADETTE	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  MILLSBORO, DE 19966	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, CARLEEN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76114	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, DONALD R.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  CROZET, VA 22932	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON M.D., PATRICE K.	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624	
Principal occupation / Job title (See Instructions) RETIRED PHYSICIAN		Employer (See Instructions) REITED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHERZHAGEN, TED	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  COLLEGE PLACE, WA 99324	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 181/238 Rpt: 184/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHTER, KATHRYN	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  THE WOODLANDS, TX 77381	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIEDINGER, EVA	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  FAYETTEVILLE, NC 28314	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIEDINGER, EVA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  FAYETTEVILLE, NC 28314	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIVERA, ARMANDO	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78209	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIZO, ROBERT	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  MIAMI, FL 33133	
Principal occupation / Job title (See Instructions) CHIEF ENG.		Employer (See Instructions) BAYSHORE GROVE MGMT

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 182/238 Rpt: 185/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERSON, JAY A.	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78748	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTS, GARY	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  RIVERSIDE, CA 92506	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTS, KEVIN	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  LIBERTY HILL, TX 78642-5782	
Principal occupation / Job title (See Instructions) EXEC DIR		Employer (See Instructions) TPPF
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTSON, MELINDA A. (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) SELF
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTSON, MELINDA A. (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 183/238 Rpt: 186/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, KAREN	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  PLAISTOW, NH 03865	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, ROBERT	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  ALEDO, TX 76008	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  DANA POINT, CA 92629	
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  DANA POINT, CA 92629	
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  DANA POINT, CA 92629	
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 184/238 Rpt: 187/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... <b>6</b> Contributor address; City; State; Zip Code  DANA POINT, CA 92629	<b>7</b> Amount of Contribution (\$) \$2.00
	<b>8</b> Principal occupation / Job title (See Instructions) INVESTOR	<b>9</b> Employer (See Instructions) SELF
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 185/238 Rpt: 188/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... <b>6</b> Contributor address; City; State; Zip Code  DANA POINT, CA 92629	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) INVESTOR	<b>9</b> Employer (See Instructions) SELF
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 186/238 Rpt: 189/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... <b>6</b> Contributor address; City; State; Zip Code  DANA POINT, CA 92629	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) INVESTOR	<b>9</b> Employer (See Instructions) SELF
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$2.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RICHARD ..... Contributor address; City; State; Zip Code  DANA POINT, CA 92629	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) INVESTOR	Employer (See Instructions) SELF
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROLL, MARK ..... Contributor address; City; State; Zip Code  BOERNE, TX 78006	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 187/238 Rpt: 190/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSENBLATT, JACK ..... <b>6</b> Contributor address; City; State; Zip Code  CHARLOTTE, NC 28210	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS, SPENCER ..... Contributor address; City; State; Zip Code  SIMI VALLEY, CA 93065	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) MAINTENANCE		Employer (See Instructions) LA COURTS
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS, VICKI ..... Contributor address; City; State; Zip Code  ANCHORAGE, AK 99517	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTHBAUER, JUDITH K. (Mrs.) ..... Contributor address; City; State; Zip Code  HALLETTSVILLE, TX 77964	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROUNTREE, JO ..... Contributor address; City; State; Zip Code  WIMBERLEY, TX 78676	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 188/238 Rpt: 191/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROURKE, JOHN	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  LIVONIA, MI 48150	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROURKE, JOHN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  LIVONIA, MI 48150	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RS, LLC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  RED ROCK, OK 74651	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUGGS, GERALD	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78261	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYDIN, MICHAEL T.	Amount of Contribution (\$) \$100,000.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77081	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HCSS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 189/238 Rpt: 192/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SABINE, RANDALL T. (Colonel)	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  BOERNE, TX 78006	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SABLO, ARMANDO	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CIBOLO, TX 78108	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SABLO, ARMANDO	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CIBOLO, TX 78108	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SABLO, ARMANDO	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CIBOLO, TX 78108	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SACHS, JEFF	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  EDWARDS, CO 81632	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 190/238 Rpt: 193/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SADOVSKY, MARK	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78230	
<b>8</b> Principal occupation / Job title (See Instructions) MERCHANT		<b>9</b> Employer (See Instructions) MARK SADOVSKY JEWLERS
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGEBIEL, NOLAN (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78232	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAUL, RHONDA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  MARBLE FALLS, TX 78654	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAULSBURY Sr., CHARLES R.	Amount of Contribution (\$) \$50,000.00
	Contributor address; City; State; Zip Code  ODESSA, TX 79768	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SAULSBURY INDUSTRIES
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAUNDERS, DEREK	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  MILFORD, MI 48381	
Principal occupation / Job title (See Instructions) CERTIFIED INSPECTOR OIL & GAS		Employer (See Instructions) WORKRISE

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 191/238 Rpt: 194/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGEAU, KARYL ..... <b>6</b> Contributor address; City; State; Zip Code  LEXINGTON, VA 24450	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGEAU, KARYL ..... Contributor address; City; State; Zip Code  LEXINGTON, VA 24450	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGEAU, KARYL ..... Contributor address; City; State; Zip Code  LEXINGTON, VA 24450	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGEAU, KARYL ..... Contributor address; City; State; Zip Code  LEXINGTON, VA 24450	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGEAU, KARYL ..... Contributor address; City; State; Zip Code  LEXINGTON, VA 24450	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 192/238 Rpt: 195/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAZAMA, EDITH	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  ARLINGTON, TX 76012	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCARBOROUGH, DWIGHT	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  DUBLIN, OH 43016	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCARBOROUGH, DWIGHT	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  DUBLIN, OH 43016	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHANZ, RICHARD	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  RUSKIN, FL 33570	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHARBAUER, DOUGLAS	Amount of Contribution (\$) \$250,000.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79702	
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF-EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 193/238 Rpt: 196/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHMIDT, ANTON	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  ROCKVILLE, MD 20850	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOENFELD, ROSE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78737	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOENFELD, ROSE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78737	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOENFELD, ROSE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78737	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHUMAN, NANCY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CAPE CANAVERAL, FL 32920	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 194/238 Rpt: 197/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHUPBACH, DAVID	<b>7</b> Amount of Contribution (\$) \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  PLANO, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWERTNER, JAMES	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  LEANDER, TX 78641-5753	
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SCHWERTNER FARMS
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT, KATHRYN B .	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  TUSCALOOSA, AL 35406	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT, ROBERT	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  MILAN, IL 61264	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEALE III, ROBERT H.	Amount of Contribution (\$) \$250,000.00
	Contributor address; City; State; Zip Code  DRIPPING SPRINGS, TX 78620-1214	
Principal occupation / Job title (See Instructions) ENTREPRENEUR		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 195/238 Rpt: 198/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEALY, EDWARD	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78209	
<b>8</b> Principal occupation / Job title (See Instructions) INSURANCE AND INVESTMENTS		<b>9</b> Employer (See Instructions) SELF
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEARLE, DONN M.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77042	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEEBODE, KENNETH	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  EVANSVILLE, IN 47725	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEIPPEL, JAMES	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CYPRESS, CA 90630	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEKIGUCHI, JUNE (Colonel)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  WINDCREST, TX 78239-2001	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 196/238 Rpt: 199/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SELIGMAN, TAM	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  BUDA, TX 78610	
<b>8</b> Principal occupation / Job title (See Instructions) NONE		<b>9</b> Employer (See Instructions) - NONE -
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SELLERS, GENE	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78732	
Principal occupation / Job title (See Instructions) RETIRED ATTORNEY		Employer (See Instructions) NONE
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SENA, RICHARD	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BOERNE, TX 78006	
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions) SELF
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAFER, RAZ	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76401-9472	
Principal occupation / Job title (See Instructions) FUNDRAISER		Employer (See Instructions) HILLSDALE COLLEGE
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANKLAND, KEITH	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SOUTHLAKE, TX 76092	
Principal occupation / Job title (See Instructions) AVIATION SAFETY INSPECTOR		Employer (See Instructions) DOT

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 197/238 Rpt: 200/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANKLAND, KEITH	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  SOUTHLAKE, TX 76092	
<b>8</b> Principal occupation / Job title (See Instructions) AVIATION SAFETY INSPECTOR		<b>9</b> Employer (See Instructions) DOT
<b>Date</b> 09/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARTZER, KATHY	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  WOODBRIDGE, VA 22192	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SHASTEEN, KARLYNN	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  WICHITA FALLS, TX 76310-1002	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SHASTEEN, KARLYNN	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  WICHITA FALLS, TX 76310	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SHASTEEN, KARLYNN	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  WICHITA FALLS, TX 76310	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 198/238 Rpt: 201/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHASTEEN, KARLYNN ..... <b>6</b> Contributor address; City; State; Zip Code  WICHITA FALLS, TX 76310	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	<b>9</b> Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHASTEEN, KARLYNN ..... Contributor address; City; State; Zip Code  WICHITA FALLS, TX 76310	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, STUART B. ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78735	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions) CEO	Employer (See Instructions) BONNER CARRINGTON
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAYS, LORRAINE ..... Contributor address; City; State; Zip Code  DELRAY BEACH, FL 33484	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHEFF, JEFFREY ..... Contributor address; City; State; Zip Code  SANTA ROSA, CA 95409	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 199/238 Rpt: 202/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHEPARD, JANELLE	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087-9168	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIELDS, JOHN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  LIVINGSTON, TX 77399	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIELDS, ROBERT	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NICEVILLE, FL 32578	
Principal occupation / Job title (See Instructions) PILOT		Employer (See Instructions) US ARMY
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHULTS, JAMES	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  CORINTH, MS 38834	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIFUENTES, JOANN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  LONGBOAT KEY, FL 34228	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 200/238 Rpt: 203/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIKORSKI, THOMAS	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  EL PASO, TX 79936	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMPSON, ROBERT L.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  BURLINGTON, NC 27217	
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS		Employer (See Instructions) INFORMATION REQUESTED PER BEST EFFORTS
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, CHARLES	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  HARTSVILLE, TN 37074	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SISK, KATHRYN A.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  SPRING BRANCH, TX 78070	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SISSEL, BILL AND DELLA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  AMARILLO, TX 79109	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 201/238 Rpt: 204/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SKEEN, DAVID L.	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  CEDAR PARK, TX 78613	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SKOGLUND, DEANNA	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  TARPLEY, TX 78883	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMARR, DAVID	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  VICTORIA, TX 77901	
Principal occupation / Job title (See Instructions) CLERK		Employer (See Instructions) US POSTAL SERVICE
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, ANGELA M.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  FREDERICKSBRG, TX 78624	
Principal occupation / Job title (See Instructions) GUEST HOUSE OWNER/RANCH MANAGER		Employer (See Instructions) SELF-EMPLOYED
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, CHELSEA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  COLLEGE STATION, TX 77845	
Principal occupation / Job title (See Instructions) SUBSTITUTE TEACHER		Employer (See Instructions) BRYAN ISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 202/238 Rpt: 205/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, CHELSEA	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  COLLEGE STATION, TX 77845	
<b>8</b> Principal occupation / Job title (See Instructions) SUBSTITUTE TEACHER		<b>9</b> Employer (See Instructions) BRYAN ISD
<b>Date</b> 11/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, CHRIS	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  KEEGO HARBOR, MI 48320	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, CONNOR	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  BEL AIR, MD 21015	
<b>Principal occupation / Job title (See Instructions)</b> EVENTS COORDINATOR		<b>Employer (See Instructions)</b> TOWSON UNIVERSITY
<b>Date</b> 11/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, GORDON	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  BOERNE, TX 78015	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, PAMELA	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  CANYON LAKE, TX 78133	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 203/238 Rpt: 206/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, PAMELA	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, PAMELA	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, PAMELA	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  CANYON LAKE, TX 78133	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, SHARON	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76179	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITHERS, JEFF	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78258	
Principal occupation / Job title (See Instructions) GENERAL CONTRACTOR		Employer (See Instructions) SMITHERS MERCHANT BUILDERS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 204/238 Rpt: 207/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SNIDOW, JAMES	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  SIMPSONVILLE, SC 29681	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOHM, JUDY	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  MERIDIAN, ID 83646	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPARKS, RYAN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CORVALLIS, OR 97330	
Principal occupation / Job title (See Instructions) DENTIST		Employer (See Instructions) RYAN SPARKS DMD LLC
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPARROW, DANIEL	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  MORRISTOWN, TN 37814	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPEAR, NANCY G.	Amount of Contribution (\$) \$30,000.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79702	
Principal occupation / Job title (See Instructions) EVENT COORDINATOR		Employer (See Instructions) SBG

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 205/238 Rpt: 208/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPEAR, NELSON B.	<b>7</b> Amount of Contribution (\$) \$10,000.00
	<b>6</b> Contributor address; City; State; Zip Code  MIDLAND, TX 79702	
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) SBG
<b>Date</b> 11/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SPICER, BRETT	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78735	
<b>Principal occupation / Job title (See Instructions)</b> GOVERNMENT PROGRAMS		<b>Employer (See Instructions)</b> F-1 FIREARMS
<b>Date</b> 10/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SPINA, THERESE	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78704	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SPINK, WALTER D	<b>Amount of Contribution (\$)</b> \$1.00
	<b>Contributor address; City; State; Zip Code</b>  SHREWSBURY, PA 17361	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SPINK, WALTER D	<b>Amount of Contribution (\$)</b> \$1.00
	<b>Contributor address; City; State; Zip Code</b>  SHREWSBURY, PA 17361	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 206/238 Rpt: 209/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPROUT, JAMES	<b>7</b> Amount of Contribution (\$) \$75.00
	<b>6</b> Contributor address; City; State; Zip Code  LANCASTER, PA 17603	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SR, GERALD A.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  SUMMERFIELD, FL 34491	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAFF, CHRIS	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  LADERA RANCH, CA 92694	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAHL, KENNETH B	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  LEWISBURG, PA 17837	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAII, DIAN GRAVES	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 207/238 Rpt: 210/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAI, DIAN GRAVES	<b>7</b> Amount of Contribution (\$) \$25,000.00
	<b>6</b> Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEFFEY, MICHAEL	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78216	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEFFEY, MICHAEL	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78216	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEHLING, LISA	Amount of Contribution (\$) \$18.53
	Contributor address; City; State; Zip Code  KERRVILLE, TX 78029	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEHLING, LISA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  KERRVILLE, TX 78029	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 208/238 Rpt: 211/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHENS, IRENE	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  APPOMATTOX, VA 24522	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHENS, IRENE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  APPOMATTOX, VA 24522	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVENS, SARA ANN	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  DENTON, TX 76209	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, LESTER	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  KERRVILLE, TX 78028-6528	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, LESTER	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 209/238 Rpt: 212/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, LESTER	<b>7</b> Amount of Contribution (\$) \$75.00
	<b>6</b> Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, MARK A.	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  TOMBALL, TX 77377	
Principal occupation / Job title (See Instructions) CONSTRUCTION MANAGER		Employer (See Instructions) STEWART BUILDERS
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, MARTHA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  CLAUDE, TX 79019	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STIVERS, CAROL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ROCKSPRINGS, TX 78880	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOBBE, PAUL	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  RICHMOND, TX 77406	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 210/238 Rpt: 213/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STREET, DAN ..... <b>6</b> Contributor address; City; State; Zip Code  SAN MARCOS, TX 78666	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRINGER, DAVID ..... Contributor address; City; State; Zip Code  MONTGOMERY, TX 77316	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRONG, JOSHUA ..... Contributor address; City; State; Zip Code  MCKINNEY, TX 75069	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AUTO TECH		Employer (See Instructions) SELF
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STROUP, HIL ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) TITLE INSURANCE		Employer (See Instructions) KEY TITLE GROUP
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUBBLEFIELD, DOTTIE ..... Contributor address; City; State; Zip Code  KAUFMAN, TX 75142	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 211/238 Rpt: 214/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 09/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUNDQUIST, RON	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  PALMDALE, CA 93552	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUNDSTROM, ALAN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  RICHARDSON, TX 75080	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) ALAN C. SUNDSTROM CPA
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWEENEY, DOUGLAS	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  NEWINGTON, CT 06111-5301	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWEENEY, DOUGLAS	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  NEWINGTON, CT 06111	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWEENEY, DOUGLAS	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  NEWINGTON, CT 06111	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 212/238 Rpt: 215/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWEENEY, DOUGLAS	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  NEWINGTON, CT 06111	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWEENEY, MICHAEL	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78209	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWEET, CHAD	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  BETHESDA, MD 20814	
Principal occupation / Job title (See Instructions) PRIVATE EQUITY		Employer (See Instructions) CHERTOFF GROUP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWEET, JOANN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  NORTH POLE, AK 99705	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWENSON, JOAN C.	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  HILLSBORO, OR 97123	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 213/238 Rpt: 216/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TANG, JAMES	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77082	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, DEBORAH (Mrs.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  ODESSA, DE 19730	
<b>Principal occupation / Job title (See Instructions)</b> INFORMATION REQUESTED PER BEST EFFORTS		<b>Employer (See Instructions)</b> INFORMATION REQUESTED PER BEST EFFORTS
<b>Date</b> 09/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, NICHOLAS C.	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  MIDLAND, TX 79701	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> MEXCO ENERGY CORP
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, NICHOLAS C.	<b>Amount of Contribution (\$)</b> \$750.00
	<b>Contributor address; City; State; Zip Code</b>  MIDLAND, TX 79701	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> MEXCO ENERGY CORP
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) TELLES, BOB	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  BURLESON, TX 76028	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 214/238 Rpt: 217/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEMPLETON, LAURA ..... <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78735	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/20/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00588657) TEXANS FOR JODEY ARRINGTON ..... Contributor address; City; State; Zip Code  LUBBOCK, TX 79493	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS REPUBLICAN LEADERSHIP FUND ..... Contributor address; City; State; Zip Code  AMARILLO, TX 79102	Amount of Contribution (\$) \$250,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THIEL, BOB ..... Contributor address; City; State; Zip Code  BOLIVIA, NC 28422	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JEAN ..... Contributor address; City; State; Zip Code  SPRING, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 215/238 Rpt: 218/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, LARRY ..... <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78758	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) INFO TECH SPEC		<b>9</b> Employer (See Instructions) IRS
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIEMANN, JANICE ..... Contributor address; City; State; Zip Code  YORKTOWN, TX 78164	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timmerman, Timothy ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78746	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) Timmerman Capital
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOYOZAKI, LESLIE ..... Contributor address; City; State; Zip Code  MILILANI, HI 96789	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRANT, MATTHEW ..... Contributor address; City; State; Zip Code  BUDA, TX 78610	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 216/238 Rpt: 219/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREIBER, DUSTIN	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  CATALINA, AZ 85739	
<b>8</b> Principal occupation / Job title (See Instructions) NO WORK		<b>9</b> Employer (See Instructions) NO WORK
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TUCKER, ELAINE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  ROGERSVILLE, MO 65742	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TYREE, PHILLIP O	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CARLSBAD, NM 88220	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TYREE, PHILLIP O	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CARLSBAD, NM 88220	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UIHLEIN, RICHARD E.	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  LAKE BLUFF, IL 60044	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ULINE

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 217/238 Rpt: 220/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNDERWOOD, JASON ..... <b>6</b> Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624-4925	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) INVESTOR		<b>9</b> Employer (See Instructions) SELF
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNGER, RANDALL ..... Contributor address; City; State; Zip Code  MEXIA, TX 76667	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USERY, MJ ..... Contributor address; City; State; Zip Code  MILLEDGEVILLE, GA 31061	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN BRUNT, Y ..... Contributor address; City; State; Zip Code  NEW YORK, NY 11414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN WAGNER, JAN ..... Contributor address; City; State; Zip Code  NEWARK, TX 76071	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 218/238 Rpt: 221/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANN, MATT	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  BROADVIEW HEIGHTS, OH 44147	
<b>8</b> Principal occupation / Job title (See Instructions) SELF		<b>9</b> Employer (See Instructions) SELF
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) VAUGHAN, PATSY	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  MIDLOTHIAN, VA 23113	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) VEASAW, WESLEY	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  HUMBLE, TX 77338	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) VELASCO, ASHLEY	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  AURORA, CO 80013	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) VERTICHO, GARY	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  SAYVILLE, NY 11782	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 219/238 Rpt: 222/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERTICHO, GARY	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  SAYVILLE, NY 11782	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICE, DEBBI	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  GUTHRIE, OK 73044	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOLK, ANTHONY	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  ELKHORN, NE 68022	
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOLZ, DONALD D.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132-4414	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOLZ, DONALD D.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 220/238 Rpt: 223/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOLZ, DONALD D.	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOLZ, DONALD D.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOLZ, DONALD D.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VON SCHMIDT, CHARLES	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  LIVINGSTON, TX 77351	
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) WATERSTONE DEVELOPMENT GROUP
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VORDENBAUM, JUDY G. (Mrs.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 221/238 Rpt: 224/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VRIESEN, KARL	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  JACKSON, MS 39216	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WACHTER, ARNOLD	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  DOWNTOWN, PA 19335	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WACHTER, ARNOLD	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  DOWNTOWN, PA 19335	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAGNON, CHARLES	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78739	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALBORN, SHIRLEY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  XENIA, OH 45385	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 222/238 Rpt: 225/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, PATTY	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  PORT LAVACA, TX 77979	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, VERNON	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  LIVERMORE, CA 94551	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALL, RAY	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  LA PORTE, TX 77571	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALLACE, CRAIG	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  SOMERS POINT, NJ 08244	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALLACE, ROBERT J	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  GARLAND, TX 75043	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 223/238 Rpt: 226/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAMPNER, ANNAROSE ..... <b>6</b> Contributor address; City; State; Zip Code  CAPE CORAL, FL 33991	<b>7</b> Amount of Contribution (\$) \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARD, PATRICIA ..... Contributor address; City; State; Zip Code  SACRAMENTO, CA 95822	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATSON, PAUL ..... Contributor address; City; State; Zip Code  SPRING, TX 77381	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATT, JEREMIAH ..... Contributor address; City; State; Zip Code  COALINGA, CA 93210	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SADDLEMAKER		Employer (See Instructions) SELF
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATTS, MIKAL ..... Contributor address; City; State; Zip Code  MOUNTAIN HOME, TX 78058-1199	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) LAWYERS		Employer (See Instructions) WATTS LAW FIRM LLP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 224/238 Rpt: 227/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAZDATSKEY, ROGER	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  LOS ANGELES, CA 90032	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00764795) WE THE PEOPLE LEADERSHIP PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  RIFLE, CO 81650	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEEKS, GLENN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  COMFORT, TX 78013	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEEKS, GLENN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  COMFORT, TX 78013	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEIDMANN, FRED	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  CANTON, TX 75103	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 225/238 Rpt: 228/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEIDMANN, FRED	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  CANTON, TX 75103	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEIS, GREG	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  CINCINNATI, OH 45245	
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) CARTER LUMBER
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEISSBERGER, JOEL	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  NORTHRIDGE, CA 91324	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELLS, RICHARD	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78266	
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions) DAILEY WELLS COMM
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDLAND, KENNETH	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 226/238 Rpt: 229/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDLAND, KENNETH	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDLAND, KENNETH	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  KERRVILLE, TX 78028	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDLAND, KENNETH	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  KERRVILLE, TX 78028	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDLAND, KENNETH	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  KERRVILLE, TX 78028	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDLAND, KENNETH	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  KERRVILLE, TX 78028	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 227/238 Rpt: 230/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDLAND, KENNETH	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  KERRVILLE, TX 78028	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDT, JONAH	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  WASHINGTON, DC 20002-6407	
Principal occupation / Job title (See Instructions) POLICY ADVISOR		Employer (See Instructions) ADVANCING AMERICAN FREEDOM
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDT, MANFRED	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76123-2155	
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) YOUNG CONSERVATIVES OF TEXAS
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDT, MANFRED	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76123	
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) YOUNG CONSERVATIVES OF TEXAS
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEST, JAMES	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78209	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 228/238 Rpt: 231/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEST, STACEY H.	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  SEWICKLEY, PA 15143	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHALEY, GARY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78130	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, ANNA R	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  WIMBERLEY, TX 78676-5862	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, BRUCE K.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  MEDINA, TX 78055	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, BRUCE K.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  MEDINA, TX 78055	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 229/238 Rpt: 232/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, SHIRLEY L.	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  CEDAR PARK, TX 78613	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, STEPHEN M. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  GARDEN RIDGE, TX 78266-2060	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, STEPHEN M. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  GARDEN RIDGE, TX 78266	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, STEPHEN M. (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  GARDEN RIDGE, TX 78266	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, STEPHEN M. (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  GARDEN RIDGE, TX 78266	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 230/238 Rpt: 233/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, STEPHEN M. (Mr.)	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  GARDEN RIDGE, TX 78266	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, STEPHEN M. (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  GARDEN RIDGE, TX 78266	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITECAR JR, JOHN P	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  CALEDONIA, MS 39740	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) BMG
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITLER, DREW	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  OMAHA, NE 68136	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIESNER, DAVID	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78750	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 231/238 Rpt: 234/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILBER, LOREN	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  BUDA, TX 78610	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILHELM, PHILLIP H.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  WEST LAKE HILLS, TX 78746	
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) WILHELM MANAGEMENT
Date 09/22/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00668491) _____ WILLIAM TIMMONS FOR CONGRESS	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  GREENVILLE, SC 29602	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, JERRY	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  LYNCHBURG, TN 37352	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, LARRY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75248	
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 232/238 Rpt: 235/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, LARRY	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  LUBBOCK, TX 79416	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIS, ROY	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76179	
Principal occupation / Job title (See Instructions) TRUCKING		Employer (See Instructions) AMERICAN ONE SOURCE
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, DOUGLAS G	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  OCEANSIDE, CA 92056	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, JAMES	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77096	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, MEG	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78704	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 233/238 Rpt: 236/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, MEG	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78704	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, MEG	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78704	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIPPERMANN, ROBERT	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  INGRAM, TX 78025	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITT, FRANCIS	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  COPPELL, TX 75019	
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) CYMSTAR
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITT, FRANCIS	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  COPPELL, TX 75019	
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) CYMSTAR

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 234/238 Rpt: 237/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITT, FRANCIS	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  COPPELL, TX 75019	
<b>8</b> Principal occupation / Job title (See Instructions) SALES		<b>9</b> Employer (See Instructions) CYMSTAR
<b>Date</b> 10/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, DAVID	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  EAST GREENVILLE, PA 18041	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLFE, ROGER	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  MINEOLA, TX 75773	
<b>Principal occupation / Job title (See Instructions)</b> FISHING		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODARD, MARY	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  WINLOCK, WA 98596	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODARD, MARY	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  WINLOCK, WA 98596	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 235/238 Rpt: 238/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODARD, MARY ..... <b>6</b> Contributor address; City; State; Zip Code  WINLOCK, WA 98596	<b>7</b> Amount of Contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODRUFF, ELAINE ..... Contributor address; City; State; Zip Code  PETALUMA, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODWARD, CAROLYN J. (Ms.) ..... Contributor address; City; State; Zip Code  PEARLAND, TX 77584	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODWORTH, THASIA ..... Contributor address; City; State; Zip Code  STUART, FL 34997	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORCESTER, SHARON S ..... Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 236/238 Rpt: 239/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORCESTER, SHARON S	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78412	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORTHINGTON, EDWARD	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  FAIRLESS HILLS, PA 19030	
Principal occupation / Job title (See Instructions) MECHANICAL CONTRACTOR		Employer (See Instructions) EDW&CO.,INC
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WYNANT, RICK	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  SURPRISE, AZ 85374	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOE, JOHN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, JOHN M.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132-4527	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 237/238 Rpt: 240/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 12/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, JOSEPH	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  MARION, OH 43302	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUTSEY, MARK	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  WEATHERFORD, TX 76087	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YU, LYDIA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77090	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YU, LYDIA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77090	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YU, LYDIA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77090	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 238/238 Rpt: 241/367
<b>2</b> FILER NAME Texans for Chip Roy			<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> Date 11/16/2025	<b>5</b> Full name of contributor ZEILINGER, SCOTT ..... <b>6</b> Contributor address; City; State; Zip Code  NEW YORK, NY 10024	<b>7</b> Amount of Contribution (\$)  \$20.00	
<b>8</b> Principal occupation / Job title (See Instructions) PRODUCER		<b>9</b> Employer (See Instructions) ZEILINGER PRODUCTIONS	
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> ZIEGLER, DANIEL A. ..... <b>Contributor address; City; State; Zip Code</b>  ALEXANDRIA, VA 22312	<b>Amount of Contribution (\$)</b>  \$1,000.00	
Principal occupation / Job title (See Instructions) CONGRESSIONAL STAFFER		Employer (See Instructions) HOUSE OF REPRESENTATIVES	

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 242/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 09/16/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID COOK FOR TEXAS CAMPAIGN  <b>7</b> Contributor address; City; State; Zip Code  MANSFIELD, TX 76063	<b>8</b> Amount of contribution (\$) \$656.21 <b>9</b> In-kind contribution description EVENT ROOM RENTAL & OVERHEAD  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

## LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 243/367
<b>2</b> FILER NAME Texans for Chip Roy		<b>3</b> Filer ID (Ethics Commission Filers) 00089953
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 12/31/2025	<b>7</b> Name of lender TEXAS REPUBLICAN LEADERSHIP FUND	<b>9</b> Loan Amount (\$) \$1,000,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code AMARILLO, TX 79102	<b>10</b> Interest Rate 0
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account <input type="checkbox"/> N/A (See Instructions)
<b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor .....	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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: 1/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/20/2025	5 Payee name 7-ELEVEN	
6 Amount (\$) \$50.32	7 Payee address; City; State; Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name 7-ELEVEN	
Amount (\$) \$7.27	Payee address; City; State; Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name 7-ELEVEN	
Amount (\$) \$29.41	Payee address; City; State; Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
Complete ONLY 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	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: 2/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/06/2025	5 Payee name 7-ELEVEN	
6 Amount (\$) \$13.41	7 Payee address; City; State; Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name 7-ELEVEN	
Amount (\$) \$6.14	Payee address; City; State; Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name 7-ELEVEN	
Amount (\$) \$43.27	Payee address; City; State; Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY 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	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: 3/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/28/2025	5 Payee name 7-ELEVEN	
6 Amount (\$) \$45.94	7 Payee address; City; State; Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/06/2025	Payee name 7-ELEVEN	
Amount (\$) \$9.67	Payee address; City; State; Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name AMAZON.COM	
Amount (\$) \$1,217.94	Payee address; City; State; Zip Code 410 TERRY AVE. NORTH  SEATTLE, WA 98109-5210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES: NEED ADDITIONAL INFORMATION
Complete ONLY 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	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: 4/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/08/2025	5 Payee name AMERICAN AIRLINES	
6 Amount (\$) \$298.49	7 Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND RAGA EVENTS AND MEETINGS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name AMERICAN AIRLINES	
Amount (\$) \$344.49	Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE (FLIGHT CANCELLED AND REFUNDED 09/15/25)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name AMERICAN AIRLINES	
Amount (\$) \$311.48	Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE
Complete ONLY 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	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: 5/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/10/2025	5 Payee name AMERICAN AIRLINES	
6 Amount (\$) \$379.48	7 Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETINGS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name AMERICAN AIRLINES	
Amount (\$) \$379.48	Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE (FLIGHT CANCELLED)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name AMERICAN AIRLINES	
Amount (\$) \$24.00	Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: WIFI FOR FLIGHT
Complete ONLY 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	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: 6/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/16/2025	5 Payee name AMERICAN AIRLINES	
6 Amount (\$) \$11.00	7 Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: WIFI FOR FLIGHT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name AMERICAN AIRLINES	
Amount (\$) \$505.48	Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN FORUM EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name AMERICAN AIRLINES	
Amount (\$) \$505.48	Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN FORUM EVENT
Complete ONLY 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	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: 7/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/04/2025	5 Payee name AMERICAN AIRLINES	
6 Amount (\$) \$24.00	7 Payee address; City; 1 SKYVIEW DR.  FORT WORTH, TX 76155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: WIFI FOR FLIGHT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name AMTRAK	
Amount (\$) \$683.00	Payee address; City; 1 MASSACHUSETTS AVE NWHQ  WASHINGTON, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: TRANSPORTATION TO ATTEND CAMPAIGN MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/13/2025	Payee name AMTRAK	
Amount (\$) \$45.00	Payee address; City; 1 MASSACHUSETTS AVE NWHQ  WASHINGTON, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: TRANSPORTATION TO ATTEND CAMPAIGN MEETING
Complete ONLY 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	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: 8/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 08/26/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$594.80	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/27/2025	Payee name ANEDOT, INC.	
Amount (\$) \$479.92	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name ANEDOT, INC.	
Amount (\$) \$127.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 9/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/02/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$6.66	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name ANEDOT, INC.	
Amount (\$) \$49.20	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name ANEDOT, INC.	
Amount (\$) \$42.90	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 10/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/04/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$1,001.60	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name ANEDOT, INC.	
Amount (\$) \$1,812.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name ANEDOT, INC.	
Amount (\$) \$200.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 11/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/10/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$202.60	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name ANEDOT, INC.	
Amount (\$) \$2,441.20	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name ANEDOT, INC.	
Amount (\$) \$1.10	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 12/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/18/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$199.80	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name ANEDOT, INC.	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name ANEDOT, INC.	
Amount (\$) \$1.10	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 13/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/23/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$46.40	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name ANEDOT, INC.	
Amount (\$) \$200.80	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name ANEDOT, INC.	
Amount (\$) \$1,101.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 14/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/30/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$212.90	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name ANEDOT, INC.	
Amount (\$) \$100.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name ANEDOT, INC.	
Amount (\$) \$303.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 15/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/03/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$3,768.52	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name ANEDOT, INC.	
Amount (\$) \$57.78	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name ANEDOT, INC.	
Amount (\$) \$601.10	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 16/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/08/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$146.52	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name ANEDOT, INC.	
Amount (\$) \$381.58	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name ANEDOT, INC.	
Amount (\$) \$100.18	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 17/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/09/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$506.80	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name ANEDOT, INC.	
Amount (\$) \$238.25	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name ANEDOT, INC.	
Amount (\$) \$546.68	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 18/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/16/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$13.50	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name ANEDOT, INC.	
Amount (\$) \$39.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name ANEDOT, INC.	
Amount (\$) \$55.90	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 19/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/16/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$236.20	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name ANEDOT, INC.	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name ANEDOT, INC.	
Amount (\$) \$24.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 20/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/20/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$5.20	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name ANEDOT, INC.	
Amount (\$) \$42.98	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name ANEDOT, INC.	
Amount (\$) \$6.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 21/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/22/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$22.18	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name ANEDOT, INC.	
Amount (\$) \$81.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name ANEDOT, INC.	
Amount (\$) \$160.70	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 22/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/24/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$46.20	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name ANEDOT, INC.	
Amount (\$) \$459.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name ANEDOT, INC.	
Amount (\$) \$27.92	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 23/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/29/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$64.10	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name ANEDOT, INC.	
Amount (\$) \$206.38	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name ANEDOT, INC.	
Amount (\$) \$529.20	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 24/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/31/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$32.46	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name ANEDOT, INC.	
Amount (\$) \$198.60	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name ANEDOT, INC.	
Amount (\$) \$12.12	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 25/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/03/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$69.30	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name ANEDOT, INC.	
Amount (\$) \$423.84	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name ANEDOT, INC.	
Amount (\$) \$1,047.35	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 26/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/06/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$168.46	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name ANEDOT, INC.	
Amount (\$) \$357.45	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name ANEDOT, INC.	
Amount (\$) \$54.70	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 27/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/10/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$241.82	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name ANEDOT, INC.	
Amount (\$) \$119.10	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name ANEDOT, INC.	
Amount (\$) \$144.96	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 28/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/13/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$269.88	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name ANEDOT, INC.	
Amount (\$) \$279.80	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name ANEDOT, INC.	
Amount (\$) \$59.20	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 29/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/14/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$423.78	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name ANEDOT, INC.	
Amount (\$) \$217.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name ANEDOT, INC.	
Amount (\$) \$1,077.40	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 30/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/19/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$62.40	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name ANEDOT, INC.	
Amount (\$) \$618.20	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name ANEDOT, INC.	
Amount (\$) \$73.18	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 31/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/20/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$307.85	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name ANEDOT, INC.	
Amount (\$) \$192.22	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name ANEDOT, INC.	
Amount (\$) \$884.60	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 32/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/25/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$114.30	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name ANEDOT, INC.	
Amount (\$) \$791.25	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name ANEDOT, INC.	
Amount (\$) \$21.94	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 33/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/26/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$89.20	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name ANEDOT, INC.	
Amount (\$) \$5.52	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name ANEDOT, INC.	
Amount (\$) \$56.80	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 34/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/02/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$84.27	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name ANEDOT, INC.	
Amount (\$) \$519.15	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name ANEDOT, INC.	
Amount (\$) \$15.64	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 35/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/03/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$86.20	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name ANEDOT, INC.	
Amount (\$) \$109.75	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name ANEDOT, INC.	
Amount (\$) \$144.52	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 36/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/08/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$28.75	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name ANEDOT, INC.	
Amount (\$) \$61.30	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name ANEDOT, INC.	
Amount (\$) \$15.64	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 37/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/10/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$16.44	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name ANEDOT, INC.	
Amount (\$) \$108.70	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name ANEDOT, INC.	
Amount (\$) \$159.40	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 38/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/12/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$431.60	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name ANEDOT, INC.	
Amount (\$) \$578.08	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name ANEDOT, INC.	
Amount (\$) \$1,114.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 39/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/16/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$1,867.75	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name ANEDOT, INC.	
Amount (\$) \$64.24	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name ANEDOT, INC.	
Amount (\$) \$131.40	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 40/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/18/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$15.70	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name ANEDOT, INC.	
Amount (\$) \$240.25	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name ANEDOT, INC.	
Amount (\$) \$355.90	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 41/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/22/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$2,112.74	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name ANEDOT, INC.	
Amount (\$) \$41.98	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name ANEDOT, INC.	
Amount (\$) \$232.70	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 42/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/24/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$13.28	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name ANEDOT, INC.	
Amount (\$) \$146.85	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name ANEDOT, INC.	
Amount (\$) \$218.10	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 43/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/29/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$332.44	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name ANEDOT, INC.	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name ANEDOT, INC.	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY 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	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: 44/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/31/2025	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$85.40	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name ANEDOT, INC.	
Amount (\$) \$428.14	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770  NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/13/2025	Payee name AVIS BUDGET CAR RENTAL, LLC	
Amount (\$) \$302.26	Payee address; City; State; Zip Code 379 INTERSPACE PKWY.  PARSIPPANY, NJ 07054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRAVEL: CAR RENTAL TO ATTEND CAMPAIGN MEETING
Complete ONLY 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	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: 45/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/15/2025	5 Payee name BANGOR AVIATOR HOTEL	
6 Amount (\$) \$248.18	7 Payee address; City; State; Zip Code 308 GODFFREY BLVD.  BANGOR, ME 04401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: HOTEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name BANGOR AVIATOR HOTEL	
Amount (\$) \$282.02	Payee address; City; State; Zip Code 308 GODFFREY BLVD.  BANGOR, ME 04401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: HOTEL TO ATTEND CAMPAIGN MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/04/2025	Payee name BUC-EE'S #17	
Amount (\$) \$30.59	Payee address; City; State; Zip Code 10070 I-10  LULING, TX 78648	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY 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	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: 46/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/04/2025	5 Payee name BUC-EE'S #17	
6 Amount (\$) \$39.59	7 Payee address; City; 10070 I-10  LULING, TX 78648	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #18	Office sought Office held
Date 09/19/2025	Payee name BUC-EE'S #18	
Amount (\$) \$27.28	Payee address; City; 40900 US-290  WALLER, TX 77484	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #18	Office sought Office held
Date 10/21/2025	Payee name BUC-EE'S #18	
Amount (\$) \$21.94	Payee address; City; 40900 US-290  WALLER, TX 77484	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #18	Office sought Office held

# 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: 47/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 08/28/2025	5 Payee name BUC-EE'S #22	
6 Amount (\$) \$10.14	7 Payee address; City; 2760 I-35  NEW BRAUNFELS, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/27/2025	Payee name BUC-EE'S #22	
Amount (\$) \$5.24	Payee address; City; 2760 I-35  NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/27/2025	Payee name BUC-EE'S #22	
Amount (\$) \$33.95	Payee address; City; 2760 I-35  NEW BRAUNFELS, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY 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	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: 48/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/19/2025	5 Payee name BUC-EE'S #28	
6 Amount (\$) \$1.29	7 Payee address; City; State; Zip Code 1700 STATE HWY 71 EAST  BASTROP, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #28	Office sought Office held
Date 10/28/2025	Payee name BUC-EE'S #28	
Amount (\$) \$12.95	Payee address; City; State; Zip Code 1700 STATE HWY 71 EAST  BASTROP, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #35	Office sought Office held
Date 10/02/2025	Payee name BUC-EE'S #35	
Amount (\$) \$24.40	Payee address; City; State; Zip Code 4155 N GENERAL BRUCE DR.  TEMPLE, TX 76501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #35	Office sought Office held

# 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: 49/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/02/2025	5 Payee name BUC-EE'S #35	
6 Amount (\$) \$38.66	7 Payee address; City; State; Zip Code 4155 N GENERAL BRUCE DR.  TEMPLE, TX 76501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #35	Office sought Office held
Date 11/18/2025	Payee name BUC-EE'S #35	
Amount (\$) \$11.13	Payee address; City; State; Zip Code 4155 N GENERAL BRUCE DR.  TEMPLE, TX 76501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #35	Office sought Office held
Date 12/04/2025	Payee name BUC-EE'S #35	
Amount (\$) \$13.63	Payee address; City; State; Zip Code 4155 N GENERAL BRUCE DR.  TEMPLE, TX 76501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #35	Office sought Office held

# 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: 50/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/04/2025	5 Payee name BUC-EE'S #35	
6 Amount (\$) \$27.42	7 Payee address; City; State; Zip Code 4155 N GENERAL BRUCE DR.  TEMPLE, TX 76501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #40	Office sought Office held
Date 09/13/2025	Payee name BUC-EE'S #40	
Amount (\$) \$13.77	Payee address; City; State; Zip Code 27700 KATY FWY #27700  KATY, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #59	Office sought Office held
Date 10/03/2025	Payee name BUC-EE'S #59	
Amount (\$) \$4.73	Payee address; City; State; Zip Code 10484 US-59  WHARTON, TX 77488	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUC-EE'S #59	Office sought Office held

# 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: 51/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/03/2025	5 Payee name BUC-EE'S #59	
6 Amount (\$) \$44.51	7 Payee address; City; State; Zip Code 10484 US-59  WHARTON, TX 77488	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name CAMPAIGN SOLUTIONS	
Amount (\$) \$5,568.22	Payee address; City; State; Zip Code 117 N SAINT ASAPH ST  ALEXANDRIA, VA 22314-3109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name CAMPAIGN SOLUTIONS	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 117 N SAINT ASAPH ST  ALEXANDRIA, VA 22314-3109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CONSULTING
Complete ONLY 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	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: 52/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/13/2025	5 Payee name CAMPAIGN SOLUTIONS	
6 Amount (\$) \$7,920.53	7 Payee address; City; State; Zip Code 117 N SAINT ASAPH ST  ALEXANDRIA, VA 22314-3109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name CAMPAIGN SOLUTIONS	
Amount (\$) \$9,366.47	Payee address; City; State; Zip Code 117 N SAINT ASAPH ST  ALEXANDRIA, VA 22314-3109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name CARVE AMERICAN GRILL	
Amount (\$) \$197.38	Payee address; City; State; Zip Code 7415 SOUTHWEST PKWY.  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
Complete ONLY 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	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: 53/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/24/2025	5 Payee name CARVE AMERICAN GRILL	
6 Amount (\$) \$92.94	7 Payee address; City; State; Zip Code 7415 SOUTHWEST PKWY.  AUSTIN, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name CARVE AMERICAN GRILL	
Amount (\$) \$58.17	Payee address; City; State; Zip Code 7415 SOUTHWEST PKWY.  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
Complete ONLY 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	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: 54/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/19/2025	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$12.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
Complete ONLY 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	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: 55/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/08/2025	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
Complete ONLY 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	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: 56/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/22/2025	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$170.46	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$3,261.87	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>BANK FEES</b>
Complete ONLY 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	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: 57/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/03/2025	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
Complete ONLY 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	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: 58/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/10/2025	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$25.00	7 Payee address; City; 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name CHAIN BRIDGE BANK, N.A.	Office sought Office held
Date 11/11/2025	Payee address; City; 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name CHAIN BRIDGE BANK, N.A.	Office sought Office held
Date 11/23/2025	Payee address; City; 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
Complete ONLY 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	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: 59/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/02/2025	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BANK FEES
Complete ONLY 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	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: 60/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/27/2025	5 Payee name CHEVRON	
6 Amount (\$) \$86.52	7 Payee address; City; 1400 SMITH ST.HQ  HOUSTON, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name CHEVRON	
Amount (\$) \$3.61	Payee address; City; 1400 SMITH ST.HQ  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/08/2025	Payee name CHEVRON	
Amount (\$) \$47.53	Payee address; City; 1400 SMITH ST.HQ  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY 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	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: 61/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/18/2025	5 Payee name CHEVRON	
6 Amount (\$) \$48.50	7 Payee address; City; 1400 SMITH ST.HQ  HOUSTON, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/21/2025	Payee name CHEVRON	
Amount (\$) \$4.93	Payee address; City; 1400 SMITH ST.HQ  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/21/2025	Payee name CHEVRON	
Amount (\$) \$30.24	Payee address; City; 1400 SMITH ST.HQ  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY 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	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: 62/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/22/2025	5 Payee name CMDI	
6 Amount (\$) \$1,400.00	7 Payee address; City; State; Zip Code 1595 SPRING HILL RD., STE. 500  TYSONS CORNER, VA 22182	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT SERVICE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/22/2025	Payee name CMDI	
Amount (\$) \$1,400.00	Payee address; City; State; Zip Code 1595 SPRING HILL RD., STE. 500  TYSONS CORNER, VA 22182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT SERVICE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name CMDI	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 1595 SPRING HILL RD., STE. 500  TYSONS CORNER, VA 22182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE MANAGEMENT SERVICE
Complete ONLY 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	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: 63/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/15/2025	5 Payee name COURTYARD PORTSMOUTH	
6 Amount (\$) \$242.28	7 Payee address; City; State; Zip Code 1000 MARKET ST.  PORTSMOUTH, NH 03801	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: HOTEL TO ATTEND CAMPAIGN MEETING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name COURTYARD PORTSMOUTH	
Amount (\$) \$260.47	Payee address; City; State; Zip Code 1000 MARKET ST.  PORTSMOUTH, NH 03801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: HOTEL TO ATTEND CAMPAIGN MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name CUBESMART #4654	
Amount (\$) \$241.00	Payee address; City; State; Zip Code 9521 W US - 290  AUSTIN, TX 78736	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STORAGE
Complete ONLY 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	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: 64/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/03/2025	5 Payee name CUBESMART #4654	
6 Amount (\$) \$272.00	7 Payee address; City; 9521 W US - 290  AUSTIN, TX 78736	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STORAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/26/2025	Payee name EL MERCADO	
Amount (\$) \$304.44	Payee address; City; 1302 S 1ST ST  AUSTIN, TX 78704	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/25/2025	Payee name FIRESTONE	Office held
Amount (\$) \$422.16	Payee address; City; 13046 FOUR STAR BLVD.  AUSTIN, TX 78737-2661	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUTO REPAIR/MAINTENANCE
Complete ONLY 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	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: 65/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/07/2025	5 Payee name FLETCHER, JOHN	
6 Amount (\$) \$7,500.00	7 Payee address; City; State; Zip Code 6705 W. HIGHWAY 290, STE. 50295  AUSTIN, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name FLETCHER, JOHN	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 6705 W. HIGHWAY 290, STE. 50295  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name FLETCHER, JOHN	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 6705 W. HIGHWAY 290, STE. 50295  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete ONLY 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	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: 66/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/11/2025	5 Payee name FREDERICKSBURG TEA PARTY OF TEXAS	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO BOX 343  FREDERICKSBURG, TX 78624	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name HANCOCK, SABRINA	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 6705 W. HIGHWAY 290, STE. 50295  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN STRATEGY ADVISEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name HANCOCK, SABRINA	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 6705 W. HIGHWAY 290, STE. 50295  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN STRATEGY ADVISEMENT
Complete ONLY 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	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: 67/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/05/2025	5 Payee name HAY'S CITY STORE	
6 Amount (\$) \$211.02	7 Payee address; City; State; Zip Code 8989 RANCH TO MARKET RD 150  DRIFTWOOD, TX 78619	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name HILTON FORT WORTH	
Amount (\$) \$378.14	Payee address; City; State; Zip Code 815 MAIN ST  FORT WORTH, TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: LODGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name INTUIT, INC.	
Amount (\$) \$122.59	Payee address; City; State; Zip Code 2800 E. COMMERCE CENTER PLACE  TUCSON, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE SUBSCRIPTION
Complete ONLY 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	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: 68/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/21/2025	5 Payee name INTUIT, INC.	
6 Amount (\$) \$122.59	7 Payee address; City; State; Zip Code 2800 E. COMMERCE CENTER PLACE  TUCSON, AZ 85706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE SUBSCRIPTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name INTUIT, INC.	Office sought Office held
Date 11/21/2025	Payee name INTUIT, INC.	
Amount (\$) \$122.59	Payee address; City; State; Zip Code 2800 E. COMMERCE CENTER PLACE  TUCSON, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE SUBSCRIPTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name INTUIT, INC.	Office sought Office held
Date 12/21/2025	Payee name INTUIT, INC.	
Amount (\$) \$122.59	Payee address; City; State; Zip Code 2800 E. COMMERCE CENTER PLACE  TUCSON, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATABASE SUBSCRIPTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name INTUIT, INC.	Office sought Office held

# 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: 69/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/05/2025	5 Payee name J2 STRATEGIES	
6 Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code 1424 KINGSGATE DRIVE  BRYAN, TX 77807	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name J2 STRATEGIES	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 1424 KINGSGATE DRIVE  BRYAN, TX 77807	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name J2 STRATEGIES	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 1424 KINGSGATE DRIVE  BRYAN, TX 77807	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete ONLY 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	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: 70/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/02/2025	5 Payee name J2 STRATEGIES	
6 Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code 1424 KINGSGATE DRIVE  BRYAN, TX 77807	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name JACKSON-ALVAREZ GROUP LLC	
Amount (\$) \$12,000.00	Payee address; City; State; Zip Code 7777 LEESBURG PIKE, SUITE 407N  FALLS CHURCH, VA 22043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RESEARCH SERVICES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name LEX POLITICA, PLLC	
Amount (\$) \$562.50	Payee address; City; State; Zip Code 7415 SW PKWY, BLDG 6, STE 500-129  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING SERVICES
Complete ONLY 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	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: 71/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/07/2025	5 Payee name LEX POLITICA, PLLC	
6 Amount (\$) \$1,887.50	7 Payee address; City; State; Zip Code 7415 SW PKWY, BLDG 6, STE 500-129  AUSTIN, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING SERVICES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name LEX POLITICA, PLLC	
Amount (\$) \$1,887.50	Payee address; City; State; Zip Code 7415 SW PKWY, BLDG 6, STE 500-129  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING SERVICES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name LOEWS MIAMI BEACH HOTEL	
Amount (\$) \$421.97	Payee address; City; State; Zip Code 1601 COLLINS AVE  MIAMI BEACH, FL 33139	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: HOTEL
Complete ONLY 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	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: 72/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/01/2025	5 Payee name LOFSTROM CONSULTING LLC	
6 Amount (\$) \$143,500.00	7 Payee address; City; State; Zip Code 3915 SOUTHWESTERN ST.  HOUSTON, TX 77005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOFSTROM CONSULTING LLC	Office sought Office held
Date 11/03/2025	Payee name LOFSTROM CONSULTING LLC	
Amount (\$) \$30,800.00	Payee address; City; State; Zip Code 3915 SOUTHWESTERN ST.  HOUSTON, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOFSTROM CONSULTING LLC	Office sought Office held
Date 09/05/2025	Payee name LRH RESTAURANT	
Amount (\$) \$240.68	Payee address; City; State; Zip Code 221 E LAS COLINAS BLVD  IRVING, TX 75039	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LRH RESTAURANT	Office sought Office held

# 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: 73/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/11/2025	5 Payee name MARIGOLD STRATEGIES LLC	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 2113 CREEKSIDE CIR S  IRVING, TX 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name MARIGOLD STRATEGIES LLC	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2113 CREEKSIDE CIR S  IRVING, TX 75063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/01/2025	Payee name MARIGOLD STRATEGIES LLC	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2113 CREEKSIDE CIR S  IRVING, TX 75063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete ONLY 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	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: 74/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 08/29/2025	5 Payee name MATT'S EL RANCHO	
6 Amount (\$) \$94.80	7 Payee address; City; 2613 S LAMAR BLVD.  AUSTIN, TX 78704	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name MATT'S EL RANCHO	
Amount (\$) \$220.38	Payee address; City; 2613 S LAMAR BLVD.  AUSTIN, TX 78704	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name MATT'S EL RANCHO	
Amount (\$) \$94.93	Payee address; City; 2613 S LAMAR BLVD.  AUSTIN, TX 78704	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING FOOD/BEVERAGES
Complete ONLY 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	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: 75/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/03/2025	5 Payee name NARWHAL RESEARCH LLC	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 1613 CRIPPLE CREEK DR  IRVING, TX 75061-2132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RESEARCH CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/06/2025	Payee name OMNI LAS COLINAS	
Amount (\$) \$220.62	Payee address; City; State; Zip Code 221 LAS COLINAS BLVD. E  IRVING, TX 75039	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: HOTEL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/06/2025	Payee name OMNI LAS COLINAS	
Amount (\$) \$247.68	Payee address; City; State; Zip Code 221 LAS COLINAS BLVD. E  IRVING, TX 75039	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: HOTEL
Complete ONLY 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	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: 76/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/23/2025	5 Payee name PRICELINE	
6 Amount (\$) \$328.60	7 Payee address; City; State; Zip Code 800 CONNECTICUT AVE.  NORWALK, CT 06854	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TRAVEL: LODGING</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PRICELINE	Office sought Office held
Date 10/03/2025	Payee name PRICELINE	
Amount (\$) \$322.52	Payee address; City; State; Zip Code 800 CONNECTICUT AVE.  NORWALK, CT 06854	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TRAVEL: HOTEL</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PRICELINE	Office sought Office held
Date 12/06/2025	Payee name PRICELINE	
Amount (\$) \$552.51	Payee address; City; State; Zip Code 800 CONNECTICUT AVE.  NORWALK, CT 06854	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TRAVEL: HOTEL</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PRICELINE	Office sought Office held

# 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: 77/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/11/2025	5 Payee name PRINT AND COPY	
6 Amount (\$) \$540.00	7 Payee address; City; State; Zip Code 4701 PERKINS AVE, 2ND FLOOR  CLEVELAND, OH 44103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  NOTECARD PRINTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name PRINT AND COPY	
Amount (\$) \$156.60	Payee address; City; State; Zip Code 4701 PERKINS AVE, 2ND FLOOR  CLEVELAND, OH 44103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BUSINESS CARD PRINTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name PULSE DECISION SCIENCE, LLC	
Amount (\$) \$79,367.00	Payee address; City; State; Zip Code 416 W 15TH ST, STE 300A  EDMOND, OK 73013-3673	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(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 SURVEY
Complete ONLY 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	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: 78/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/06/2025	5 Payee name REPUBLICAN PARTY OF TEXAS	
6 Amount (\$) \$3,750.00	7 Payee address; City; State; Zip Code PO BOX 2206  AUSTIN, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BALLOT FILING FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name RESIDENCE INN	
Amount (\$) \$371.00	Payee address; City; State; Zip Code 300 E 4TH ST  AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: LODGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name RIGHTSIDE COMPLIANCE	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 7415 SW PKWY, BLDG 6, STE 500-134  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING SERVICES
Complete ONLY 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	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: 79/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/03/2025	5 Payee name RIGHTSIDE COMPLIANCE	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 7415 SW PKWY, BLDG 6, STE 500-134  AUSTIN, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING SERVICES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name RIGHTSIDE COMPLIANCE	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 7415 SW PKWY, BLDG 6, STE 500-134  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING SERVICES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name RIGHTSIDE COMPLIANCE	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 7415 SW PKWY, BLDG 6, STE 500-134  AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING SERVICES
Complete ONLY 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	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: 80/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/17/2025	5 Payee name ROY, CHIP	
6 Amount (\$) \$3,680.04	7 Payee address; City; State; Zip Code 6705 W. HIGHWAY 290, STE. 50295  AUSTIN, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT FOR SCHEDULE G EXPENDITURES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/06/2025	Payee name SHELL OIL	
Amount (\$) \$31.72	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/06/2025	Payee name SHELL OIL	
Amount (\$) \$43.80	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY 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	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: 81/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/15/2025	5 Payee name SHELL OIL	
6 Amount (\$) \$4.49	7 Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name SHELL OIL	
Amount (\$) \$33.57	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name SHELL OIL	
Amount (\$) \$75.34	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY 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	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: 82/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/23/2025	5 Payee name SHELL OIL	
6 Amount (\$) \$23.04	7 Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name SHELL OIL	
Amount (\$) \$34.66	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name SHELL OIL	
Amount (\$) \$1.40	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY 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	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: 83/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/05/2025	5 Payee name SHELL OIL	
6 Amount (\$) \$7.12	7 Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name SHELL OIL	
Amount (\$) \$36.57	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name SHELL OIL	
Amount (\$) \$32.99	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY 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	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: 84/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/21/2025	5 Payee name SHELL OIL	
6 Amount (\$) \$4.44	7 Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name SHELL OIL	
Amount (\$) \$74.74	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name SHELL OIL	
Amount (\$) \$7.07	Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY 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	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: 85/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/18/2025	5 Payee name SHELL OIL	
6 Amount (\$) \$69.98	7 Payee address; City; State; Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name SOUTHWEST AIRLINES	
Amount (\$) \$5.00	Payee address; City; State; Zip Code P.O. Box 36647-1CR  DALLAS, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name SOUTHWEST AIRLINES	
Amount (\$) \$228.48	Payee address; City; State; Zip Code P.O. BOX 36647-1CR  DALLAS, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN EVENT
Complete ONLY 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	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: 86/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/03/2025	5 Payee name SOUTHWEST AIRLINES	
6 Amount (\$) \$403.48	7 Payee address; City; P.O. BOX 36647-1CR  DALLAS, TX 75235	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE (FLIGHT CANCELLED AND REFUNDED 09/04/25)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name SOUTHWEST AIRLINES	
Amount (\$) \$348.47	Payee address; City; P.O. BOX 36647-1CR  DALLAS, TX 75235	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETINGS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/18/2025	Payee name SOUTHWEST AIRLINES	
Amount (\$) \$324.18	Payee address; City; P.O. BOX 36647-1CR  DALLAS, TX 75235	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RETURN AIRFARE FROM RAGA MEETINGS IN MIAMI
Complete ONLY 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	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: 87/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/06/2025	5 Payee name SOUTHWEST AIRLINES	
6 Amount (\$) \$296.48	7 Payee address; City; P.O. BOX 36647-1CR  DALLAS, TX 75235	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/01/2025	Payee name SOUTHWEST AIRLINES	Office held
Amount (\$) \$560.96	Payee address; City; P.O. BOX 36647-1CR  DALLAS, TX 75235	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/12/2025	Payee name SOUTHWEST AIRLINES	Office held
Amount (\$) \$433.48	Payee address; City; P.O. BOX 36647-1CR  DALLAS, TX 75235	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE
Complete ONLY 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	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: 88/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/12/2025	5 Payee name SOUTHWEST AIRLINES	
6 Amount (\$) \$433.48	7 Payee address; City; P.O. BOX 36647-1CR  DALLAS, TX 75235	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SQUARE TAXI	Office sought Office held
Date 10/20/2025	Payee name SQUARE TAXI	
Amount (\$) \$64.40	Payee address; City; 1955 BROADWAY, STE 600  OAKLAND, CA 94612	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TAXI FROM CAMPAIGN MEETING TO RESIDENCE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name STRATEGIC MEDIA SERVICES, INC.	Office sought Office held
Date 10/14/2025	Payee name STRATEGIC MEDIA SERVICES, INC.	
Amount (\$) \$194,431.08	Payee address; City; 4601 N. FAIRFAX DRIVE, SUITE 730  ARLINGTON, VA 22203	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PLACEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name STRATEGIC MEDIA SERVICES, INC.	Office sought Office held

# 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: 89/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/21/2025	5 Payee name STRATEGIC MEDIA SERVICES, INC.	
6 Amount (\$) \$98,790.00	7 Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730  ARLINGTON, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PLACEMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name STRATEGIC MEDIA SERVICES, INC.	
Amount (\$) \$132,800.00	Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730  ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PLACEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name STRATEGIC MEDIA SERVICES, INC.	
Amount (\$) \$132,800.00	Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730  ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PLACEMENT
Complete ONLY 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	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: 90/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/10/2025	5 Payee name STRATEGIC MEDIA SERVICES, INC.	
6 Amount (\$) \$34,010.00	7 Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730  ARLINGTON, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PLACEMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name SUNOCO	
Amount (\$) \$1.83	Payee address; City; State; Zip Code 8020 PARK LANEHQ  DALLAS, TX 75231	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name SUNOCO	
Amount (\$) \$59.59	Payee address; City; State; Zip Code 8020 PARK LANEHQ  DALLAS, TX 75231	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY 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	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: 91/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 08/30/2025	5 Payee name SUNOCO	
6 Amount (\$) \$5.27	7 Payee address; City; 8020 PARK LANEHQ  DALLAS, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name SUNOCO	
Amount (\$) \$11.97	Payee address; City; 8020 PARK LANEHQ  DALLAS, TX 75231	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name SUNOCO	
Amount (\$) \$73.81	Payee address; City; 8020 PARK LANEHQ  DALLAS, TX 75231	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL
Complete ONLY 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	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: 92/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/19/2025	5 Payee name TEXAS YOUTH FOUNDATION	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO BOX 8105  SPRING, TX 77387	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP FOR TEXAS YOUTH SUMMIT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name TFRW CONVENTION 2025 PAC	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 13740 N. HWY. 183, STE. J4  AUSTIN, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name THE LAUDERBACK GROUP	
Amount (\$) \$536.20	Payee address; City; State; Zip Code 1307 ELTON LANE  AUSTIN, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTANT MILEAGE REIMBURSEMENT
Complete ONLY 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	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: 93/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/06/2025	5 Payee name THE LAUDERBACK GROUP	
6 Amount (\$) \$84,875.00	7 Payee address; City; 1307 ELTON LANE  AUSTIN, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name THE LAUDERBACK GROUP	
Amount (\$) \$9,525.00	Payee address; City; 1307 ELTON LANE  AUSTIN, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name THOMAS GRAPHICS, INC.	
Amount (\$) \$818.37	Payee address; City; PO BOX 142226  AUSTIN, TX 78714-2226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING PUSHCARDS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

<b>EXPENDITURE CATEGORIES FOR BOX 8(a)</b>			
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  The Instruction Guide explains how to complete this form.	
<b>1</b> Total pages Schedule F1: Sch: 94/99 Rpt:		<b>2</b> FILER NAME Texans for Chip Roy	
<b>4</b> Date 09/18/2025		<b>5</b> Payee name UBER	
<b>6</b> Amount (\$) \$32.91		<b>7</b> Payee address; City; State; Zip Code  685 MARKET ST.HQ  SAN FRANCISCO, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TAXI FROM HOTEL TO AIRPORT FOR RAGA MEETINGS
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name  Office sought  Office held	
Date 09/08/2025		Payee name  UNITED AIRLINES	
Amount (\$) \$422.48		Payee address; City; State; Zip Code  233 S. WACKER DR.  CHICAGO, IL 60606-6060	
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRAVEL: AIRFARE TO ATTEN CAMPAIGN MEETINGS
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name  Office sought  Office held	
Date 09/11/2025		Payee name  UNITED AIRLINES	
Amount (\$) \$475.49		Payee address; City; State; Zip Code  233 S. WACKER DR.  CHICAGO, IL 60606-6060	
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRAVEL: AIRFARE (FLIGHT CANCELLED)
Complete ONLY 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	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: 95/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/15/2025	5 Payee name UNITED AIRLINES	
6 Amount (\$) \$40.00	7 Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: TICKET FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name UNITED AIRLINES	
Amount (\$) \$480.48	Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETINGS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name UNITED AIRLINES	
Amount (\$) \$480.48	Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE (FLIGHT CANCELLED)
Complete ONLY 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	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: 96/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/17/2025	5 Payee name UNITED AIRLINES	
6 Amount (\$) \$103.20	7 Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TRAVEL: AIRFARE (FLIGHT CANCELLED AND REFUNDED 10/21/25)</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name UNITED AIRLINES	
Amount (\$) \$410.48	Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TRAVEL: AIRFARE (FLIGHT CANCELLED)</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name UNITED AIRLINES	
Amount (\$) \$424.28	Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TRAVEL: AIRFARE</b>
Complete ONLY 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	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: 97/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/11/2025	5 Payee name UNITED AIRLINES	
6 Amount (\$) \$425.49	7 Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/11/2025	Payee name UNITED AIRLINES	
Amount (\$) \$103.20	Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE (FLIGHT CANCELLED AND REFUNDED 11/13/25)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name UNITED AIRLINES	
Amount (\$) \$16.11	Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE
Complete ONLY 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	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: 98/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/12/2025	5 Payee name UNITED AIRLINES	
6 Amount (\$) \$32.24	7 Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TRAVEL: AIRFARE</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name UNITED AIRLINES	
Amount (\$) \$306.19	Payee address; City; 233 S. WACKER DR.  CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>TRAVEL: AIRFARE</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name WALGREENS #3847	
Amount (\$) \$67.50	Payee address; City; 5310 N MACARTHUR BLVD.  IRVING, TX 75038	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>OFFICE SUPPLIES</b>
Complete ONLY 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	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: 99/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/09/2025	5 Payee name WALGREENS #3847	
6 Amount (\$) \$156.00	7 Payee address; City; State; Zip Code 5310 N MACARTHUR BLVD.  IRVING, TX 75038	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  OFFICE SUPPLIES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/18/2025	Payee name YELLOW CAB MIAMI	
Amount (\$) \$80.60	Payee address; City; State; Zip Code 1846 NW 36TH ST  MIAMI, FL 33142	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TAXI FROM AIRPORT TO HOTEL FOR RAGA MEETINGS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name ZAYTINYA JOSE ANDRES	
Amount (\$) \$243.82	Payee address; City; State; Zip Code 701 9TH ST NW  WASHINGTON, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  MEETING: FOOD/BEVERAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 1/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution CHAIN BRIDGE BANK, N.A.		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$5.14	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
7 PAYEE	(a) Payee name 7-ELEVEN		(b) Payee address; City, State, Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 10/30/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name 7-ELEVEN		(b) Payee address; City, State, Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$66.01	(b) Date of Charge 12/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name 7-ELEVEN		(b) Payee address; City, State, Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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.

1 Total pages Schedule F4: Sch: 2/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$2.15	(b) Date of Charge 12/23/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name 7-ELEVEN		(b) Payee address; City, State, Zip Code 3200 HACKBERRY RD.HQ  IRVING, TX 75063
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$2.36	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name BUC-EE'S #22		(b) Payee address; City, State, Zip Code 2760 I-35  NEW BRAUNFELS, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$56.45	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name BUC-EE'S #22		(b) Payee address; City, State, Zip Code 2760 I-35  NEW BRAUNFELS, TX 78130
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 3/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$36.21	(b) Date of Charge 11/24/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
7 PAYEE	(a) Payee name BUC-EE'S #22		(b) Payee address; City, State, Zip Code 2760 I-35  NEW BRAUNFELS, TX 78130
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$27.21	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name BUC-EE'S #28		(b) Payee address; City, State, Zip Code 1700 STATE HWY 71 EAST  BASTROP, TX 78602
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$11.62	(b) Date of Charge 10/12/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name BUC-EE'S #28		(b) Payee address; City, State, Zip Code 1700 STATE HWY 71 EAST  BASTROP, TX 78602
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 4/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$1.29	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
7 PAYEE	(a) Payee name BUC-EE'S #28		(b) Payee address; City, State, Zip Code 1700 STATE HWY 71 EAST  BASTROP, TX 78602
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$1.29	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name BUC-EE'S #28		(b) Payee address; City, State, Zip Code 1700 STATE HWY 71 EAST  BASTROP, TX 78602
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$15.40	(b) Date of Charge 11/26/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name BUC-EE'S #28		(b) Payee address; City, State, Zip Code 1700 STATE HWY 71 EAST  BASTROP, TX 78602
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 5/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$13.17	(b) Date of Charge 11/26/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
7 PAYEE	(a) Payee name BUC-EE'S #28		(b) Payee address; City, State, Zip Code 1700 STATE HWY 71 EAST  BASTROP, TX 78602
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$37.23	(b) Date of Charge 11/26/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name BUC-EE'S #28		(b) Payee address; City, State, Zip Code 1700 STATE HWY 71 EAST  BASTROP, TX 78602
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$19.65	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name BUC-EE'S #35		(b) Payee address; City, State, Zip Code 4155 N GENERAL BRUCE DR.  TEMPLE, TX 76501
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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.

1 Total pages Schedule F4: Sch: 6/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$52.35	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
7 PAYEE	(a) Payee name BUC-EE'S #35		(b) Payee address; City, State, Zip Code 4155 N GENERAL BRUCE DR. TEMPLE, TX 76501
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$35.35	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name BUC-EE'S #35		(b) Payee address; City, State, Zip Code 4155 N GENERAL BRUCE DR. TEMPLE, TX 76501
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$30.63	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name BUC-EE'S #35		(b) Payee address; City, State, Zip Code 4155 N GENERAL BRUCE DR. TEMPLE, TX 76501
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 7/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$10.26	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
7 PAYEE	(a) Payee name BUC-EE'S #37		(b) Payee address; City, State, Zip Code 15901 NORTH FWY  FORT WORTH, TX 76177-3043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$20.16	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name CARVE AMERICAN GRILL		(b) Payee address; City, State, Zip Code 7415 SOUTHWEST PKWY.  AUSTIN, TX 78735
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$5.70	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name CHEVRON		(b) Payee address; City, State, Zip Code 1400 SMITH ST.HQ  HOUSTON, TX 77002
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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.

1 Total pages Schedule F4: Sch: 8/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$21.38	(b) Date of Charge 11/05/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
7 PAYEE	(a) Payee name CHEVRON		(b) Payee address; City, State, Zip Code 1400 SMITH ST.HQ  HOUSTON, TX 77002
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$36.10	(b) Date of Charge 11/05/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name CHEVRON		(b) Payee address; City, State, Zip Code 1400 SMITH ST.HQ  HOUSTON, TX 77002
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$67.47	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name EXXON		(b) Payee address; City, State, Zip Code 22777 SPRINGWOODS VILLAGE PKWY  SPRING, TX 77389
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 9/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$15.98	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
7 PAYEE	(a) Payee name EXXON		(b) Payee address; City, State, Zip Code 22777 SPRINGWOODS VILLAGE PKWY  SPRING, TX 77389
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$55.91	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name EXXON		(b) Payee address; City, State, Zip Code 22777 SPRINGWOODS VILLAGE PKWY  SPRING, TX 77389
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$36.59	(b) Date of Charge 10/30/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name EXXON		(b) Payee address; City, State, Zip Code 22777 SPRINGWOODS VILLAGE PKWY  SPRING, TX 77389
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 10/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$75.89	(b) Date of Charge 12/29/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name EXXON		(b) Payee address; City, State, Zip Code 22777 SPRINGWOODS VILLAGE PKWY  SPRING, TX 77389
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$312.07	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name FIRESTONE		(b) Payee address; City, State, Zip Code 13046 FOUR STAR BLVD.  AUSTIN, TX 78737-2661
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description AUTO REPAIR/MAINTENANCE
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$168.12	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name HAY'S CITY STORE		(b) Payee address; City, State, Zip Code 8989 RANCH TO MARKET RD 150  DRIFTWOOD, TX 78619
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 11/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$87.50	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
7 PAYEE	(a) Payee name JACK ALLEN'S KITCHEN		(b) Payee address; City, State, Zip Code 7720 STATE HWY 71 WEST  AUSTIN, TX 78735
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$66.12	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name JACK ALLEN'S KITCHEN		(b) Payee address; City, State, Zip Code 7720 STATE HWY 71 WEST  AUSTIN, TX 78735
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$50.82	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name JACK ALLEN'S KITCHEN		(b) Payee address; City, State, Zip Code 7720 STATE HWY 71 WEST  AUSTIN, TX 78735
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 12/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$357.24	(b) Date of Charge 11/07/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
7 PAYEE	(a) Payee name KING RANCH SADDLE SHOP		(b) Payee address; City, State, Zip Code 1333 S. CONGRESS, STE 160  AUSTIN, TX 78704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description DONOR GIFTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$74.51	(b) Date of Charge 10/27/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name MATT'S EL RANCHO		(b) Payee address; City, State, Zip Code 2613 S LAMAR BLVD.  AUSTIN, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$106.99	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name MATT'S EL RANCHO		(b) Payee address; City, State, Zip Code 2613 S LAMAR BLVD.  AUSTIN, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 13/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$153.79	(b) Date of Charge 12/29/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name MATT'S EL RANCHO		(b) Payee address; City, State, Zip Code 2613 S LAMAR BLVD.  AUSTIN, TX 78704
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$251.36	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name PRICELINE		(b) Payee address; City, State, Zip Code 800 CONNECTICUT AVE.  NORWALK, CT 06854
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL: HOTEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$304.20	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name PRICELINE		(b) Payee address; City, State, Zip Code 800 CONNECTICUT AVE.  NORWALK, CT 06854
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL: HOTEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 14/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$132.97	(b) Date of Charge 11/14/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
7 PAYEE	(a) Payee name PRICELINE		(b) Payee address; City, State, Zip Code 800 CONNECTICUT AVE.  NORWALK, CT 06854
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description TRAVEL: HOTEL  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$329.58	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name PRICELINE		(b) Payee address; City, State, Zip Code 800 CONNECTICUT AVE.  NORWALK, CT 06854
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description TRAVEL: HOTEL  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$41.78	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name SHELL OIL		(b) Payee address; City, State, Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description TRAVEL: FUEL  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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.

1 Total pages Schedule F4: Sch: 15/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$2.15	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
7 PAYEE	(a) Payee name SHELL OIL		(b) Payee address; City, State, Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$3.98	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name SHELL OIL		(b) Payee address; City, State, Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$65.86	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name SHELL OIL		(b) Payee address; City, State, Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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.

1 Total pages Schedule F4: Sch: 16/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$1.50	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
7 PAYEE	(a) Payee name SHELL OIL		(b) Payee address; City, State, Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$22.50	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name SHELL OIL		(b) Payee address; City, State, Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$68.97	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SHELL OIL		(b) Payee address; City, State, Zip Code 150 N DAIRY ASHFORD RD., STE. A  HOUSTON, TX 77002
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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.

1 Total pages Schedule F4: Sch: 17/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$4.87	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
7 PAYEE	(a) Payee name SUNOCO		(b) Payee address; City, State, Zip Code 8020 PARK LANEHQ  DALLAS, TX 75231
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FOOD/BEVERAGES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$68.15	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
PAYEE	(a) Payee name SUNOCO		(b) Payee address; City, State, Zip Code 8020 PARK LANEHQ  DALLAS, TX 75231
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$39.50	(b) Date of Charge 10/30/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
PAYEE	(a) Payee name SUNOCO		(b) Payee address; City, State, Zip Code 8020 PARK LANEHQ  DALLAS, TX 75231
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description TRAVEL: FUEL
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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.

1 Total pages Schedule F4: Sch: 18/18 Rpt:	2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,313.51
6 PAYMENT	(a) Amount Charged \$8.00	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/23/2025
7 PAYEE	(a) Payee name UNITED AIRLINES		(b) Payee address; City, State, Zip Code 233 S. WACKER DR.  CHICAGO, IL 60606-6060
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description TRAVEL: WIFI FOR FLIGHT  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$32.31	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name GRAND CAB		(b) Payee address; City, State, Zip Code 3001 EARL PL NE  WASHINGTON, DC 20018
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description TAXI TO TRAVEL BETWEEN CAMPAIGN MEETINGS  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$200.97	(b) Date of Charge 12/14/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HYATT REGENCY GREENWICH		(b) Payee address; City, State, Zip Code 1800 E. PUTNAM AVE.  OLD GREENWICH, CT 06870
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description TRAVEL: HOTEL TO ATTEND CAMPIGN MEETING  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 361/367</p>
<p><b>2</b> FILER NAME Texans for Chip Roy</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00089953</p>
<p><b>4</b> Date 09/15/2025</p>	<p><b>5</b> Name of person from whom amount is received AMERICAN AIRLINES</p>	<p><b>8</b> Amount (\$) \$344.49</p>
	<p><b>6</b> Address of person from whom amount is received; City; State; Zip Code FORT WORTH, TX 76155</p>	
	<p><b>7</b> Purpose for which amount is received VENDOR REFUND</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/22/2025</p>	<p>Name of person from whom amount is received AMERICAN AIRLINES</p>	<p>Amount (\$) \$311.48</p>
	<p>Address of person from whom amount is received; City; State; Zip Code FORT WORTH, TX 76155</p>	
	<p>Purpose for which amount is received VENDOR REFUND</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/04/2025</p>	<p>Name of person from whom amount is received SOUTHWEST AIRLINES</p>	<p>Amount (\$) \$403.48</p>
	<p>Address of person from whom amount is received; City; State; Zip Code DALLAS, TX 75235</p>	
	<p>Purpose for which amount is received VENDOR REFUND</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/21/2025</p>	<p>Name of person from whom amount is received UNITED AIRLINES</p>	<p>Amount (\$) \$103.20</p>
	<p>Address of person from whom amount is received; City; State; Zip Code CHICAGO, IL 60606-6060</p>	
	<p>Purpose for which amount is received VENDOR REFUND</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/13/2025</p>	<p>Name of person from whom amount is received UNITED AIRLINES</p>	<p>Amount (\$) \$103.20</p>
	<p>Address of person from whom amount is received; City; State; Zip Code CHICAGO, IL 60606-6060</p>	
	<p>Purpose for which amount is received VENDOR REFUND</p>	<input type="checkbox"/> Check if political contribution returned to filer

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule T: Sch: 1/6 Rpt: 362/367</p>												
<p><b>2</b> FILER NAME Texans for Chip Roy</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00089953</p>												
<p><b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES</p>														
<p><b>5</b> Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p><b>6</b> Dates of Travel  12/04/2025  12/04/2025</p>	<p><b>7</b> Name of person(s) traveling HANCOCK, SABRINA</p>													
	<p><b>8</b> Departure city or name of departure location WASHINGTON</p>													
	<p><b>9</b> Destination city or name of destination location DALLAS</p>													
<p><b>10</b> Means of transportation Commercial Airplane</p>	<p><b>11</b> Purpose of travel (including name of conference, seminar, or other event) TO ATTEND CAMPAIGN FORUM EVENT</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p>Dates of Travel  09/11/2025  09/11/2025</p>	<p>Name of person(s) traveling ROY, CHIP</p>													
	<p>Departure city or name of departure location Washington</p>													
	<p>Destination city or name of destination location Miami</p>													
<p>Means of transportation Commercial Airplane</p>	<p>Purpose of travel (including name of conference, seminar, or other event) ATTEND RAGA EVENTS AND MEETINGS</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p>Dates of Travel  09/16/2025  09/16/2025</p>	<p>Name of person(s) traveling ROY, CHIP</p>													
	<p>Departure city or name of departure location BANGOR</p>													
	<p>Destination city or name of destination location WASHINGTON</p>													
<p>Means of transportation Commercial Airplane</p>	<p>Purpose of travel (including name of conference, seminar, or other event) ATTEND CAMPAIGN MEETINGS</p>													

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

**4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

AMERICAN AIRLINES

**5 Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**6 Dates of Travel**

**7 Name of person(s) traveling**

ROY, CHIP

12/04/2025

**8 Departure city or name of departure location**

WASHINGTON

12/04/2025

**9 Destination city or name of destination location**

DALLAS

**10 Means of transportation**

Commercial Airplane

**11 Purpose of travel (including name of conference, seminar, or other event)**

TO ATTEND CAMPAIGN FORUM EVENT

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

AMTRAK

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

ROY, CHIP

12/14/2025

**Departure city or name of departure location**

WASHINGTON

12/14/2025

**Destination city or name of destination location**

STAMFORD

**Means of transportation**

Railroad

**Purpose of travel (including name of conference, seminar, or other event)**

TO ATTEND CAMPAIGN MEETING

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

AMTRAK

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

ROY, CHIP

12/14/2025

**Departure city or name of departure location**

WASHINGTON

12/14/2025

**Destination city or name of destination location**

STAMFORD

**Means of transportation**

Railroad

**Purpose of travel (including name of conference, seminar, or other event)**

TRANSPORTATION TO ATTEND CAMPAIGN MEETING

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

**4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

AVIS BUDGET CAR RENTAL, LLC

**5 Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**6 Dates of Travel**

**7 Name of person(s) traveling**

ROY, CHIP

09/15/2025

**8 Departure city or name of departure location**

BOSTON

09/15/2025

**9 Destination city or name of destination location**

BANGOR

**10 Means of transportation**

Commercial Automobile

**11 Purpose of travel (including name of conference, seminar, or other event)**

TO ATTEND CAMPAIGN MEETING

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

GRAND CAB

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

BABCOCK, CHRISTINE

12/10/2025

**Departure city or name of departure location**

WASHINGTON

12/10/2025

**Destination city or name of destination location**

WASHINGTON

**Means of transportation**

Commercial Automobile

**Purpose of travel (including name of conference, seminar, or other event)**

TAXI TO TRAVEL BETWEEN CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

SOUTHWEST AIRLINES

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

MATOUSEK, BRITTNEY L.

09/12/2025

**Departure city or name of departure location**

MIAMI

09/12/2025

**Destination city or name of destination location**

KANSAS CITY

**Means of transportation**

Commercial Airplane

**Purpose of travel (including name of conference, seminar, or other event)**

RETURN AIRFARE FROM RAGA MEETINGS IN MIAMI

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

**4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

SOUTHWEST AIRLINES

**5 Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**6 Dates of Travel**

**7 Name of person(s) traveling**

ROY, CHIP

09/05/2025

**8 Departure city or name of departure location**

WASHINGTON

09/05/2025

**9 Destination city or name of destination location**

DALLAS

**10 Means of transportation**

Commercial Airplane

**11 Purpose of travel (including name of conference, seminar, or other event)**

TO ATTEND CAMPAIGN EVENT

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

SOUTHWEST AIRLINES

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

ROY, CHIP

09/14/2025

**Departure city or name of departure location**

AUSTIN

09/14/2025

**Destination city or name of destination location**

BOSTON

**Means of transportation**

Commercial Airplane

**Purpose of travel (including name of conference, seminar, or other event)**

TO ATTEND CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

SQUARE TAXI

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

ROY, CHIP

10/20/2025

**Departure city or name of departure location**

WASHINGTON

10/20/2025

**Destination city or name of destination location**

WASHINGTON

**Means of transportation**

Commercial Automobile

**Purpose of travel (including name of conference, seminar, or other event)**

TAXI FROM CAMPAIGN MEETING TO RESIDENCE

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

**4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

UBER

**5 Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**6 Dates of Travel**

**7 Name of person(s) traveling**

MATOUSEK, BRITTNEY L.

09/12/2026

**8 Departure city or name of departure location**

MIAMI

09/12/2026

**9 Destination city or name of destination location**

MIAMI

**10 Means of transportation**

Commercial Automobile

**11 Purpose of travel (including name of conference, seminar, or other event)**

TAXI FROM AIRPORT TO HOTEL FOR RAGA MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

UNITED AIRLINES

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

ROY, CHIP

09/12/2025

**Departure city or name of departure location**

MIAMI

09/12/2025

**Destination city or name of destination location**

HOUSTON

**Means of transportation**

Commercial Airplane

**Purpose of travel (including name of conference, seminar, or other event)**

TO ATTEND CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

UNITED AIRLINES

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

ROY, CHIP

09/19/2025

**Departure city or name of departure location**

WASHINGTON

09/19/2025

**Destination city or name of destination location**

HOUSTON

**Means of transportation**

Commercial Airplane

**Purpose of travel (including name of conference, seminar, or other event)**

TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETINGS

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

**4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee**

UNITED AIRLINES

**5 Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**6 Dates of Travel**

**7 Name of person(s) traveling**

ROY, CHIP

11/13/2025

**8 Departure city or name of departure location**

WASHINGTON

11/13/2025

**9 Destination city or name of destination location**

HOUSTON

**10 Means of transportation**

Commercial Airplane

**11 Purpose of travel (including name of conference, seminar, or other event)**

TO ATTEND CAMPAIGN MEETING

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

YELLOW CAB MIAMI

**Contribution / Expenditure reported on:**

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	

**Dates of Travel**

**Name of person(s) traveling**

MATOUSEK, BRITTNEY L.

09/11/2025

**Departure city or name of departure location**

MIAMI

09/11/2025

**Destination city or name of destination location**

MIAMI

**Means of transportation**

Commercial Automobile

**Purpose of travel (including name of conference, seminar, or other event)**

TAXI FROM AIRPORT TO HOTEL FOR RAGA MEETINGS