

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				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount 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 FIRST MI Cabell NICKNAME LAST SUFFIX Hobbs				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7415 Southwest Pkwy, Bldg 6, Ste. 500 #134 Austin, TX 78735				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7415 Southwest Pkwy, Bldg 6, Ste. 500 #134 Austin, TX 78735				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 277-6095				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination				
10 PERIOD COVERED	Month Day Year Month Day Year 08/21/2025 THROUGH 12/31/2025				
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

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

16 AFFIDAVIT <div style="text-align: right;"> 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. </div> <div style="margin-top: 20px; text-align: right;"> <u>Cabell Hobbs</u> Signature of Campaign Treasurer </div> <div style="margin-top: 20px;"> Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office. </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of officer administering oath</div> <div>_____ Printed name of officer administering oath</div> <div>_____ Title of officer administering oath</div> </div> </div>		
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SUBTOTALS - SPAC**FORM SPAC**
COVER SHEET PG 3
3 of 367

17 COMMITTEE NAME Texans for Chip Roy		18 Filer ID (Ethics Commission Filers) 00089953
19 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/238 Rpt: 4/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/03/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00799809) 1890 PAC <hr/> 6 Contributor address; City; State; Zip Code CHEYENNE, WY 82003	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) A CLARKSON, MARK <hr/> Contributor address; City; State; Zip Code LEESBURG, FL 34788	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) PROPERTY MAINTENANCE		Employer (See Instructions) SELF
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) ADAMS, CATHIE <hr/> Contributor address; City; State; Zip Code PARKER, TX 75094	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) 1ST VP		Employer (See Instructions) EAGLE FORUM
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) ADAMS, MARSHA <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	Amount of Contribution (\$) \$25.00
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#:) ADEIMY, DEBORAH <hr/> Contributor address; City; State; Zip Code WEST PALM BEACH, FL 33406	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) FINANCE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/238 Rpt: 7/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDRIE, MIKE <hr/> 6 Contributor address; City; State; Zip Code BOERNE, TX 78006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SALES		9 Employer (See Instructions) SELF
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANESI, DENNIS <hr/> 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 <hr/> 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. <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/238 Rpt: 11/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBER, VICKI J. <hr/> 6 Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAREFIELD, PHIL <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/238 Rpt: 12/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, CYNTHIA C <hr/> 6 Contributor address; City; State; Zip Code BEAUMONT, TX 77705	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, DOROTHEA J <hr/> 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 <hr/> 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 <hr/> 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.) <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/238 Rpt: 24/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYER, CHARLENE <hr/> 6 Contributor address; City; State; Zip Code BASTROP, TX 78602	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADFORD, SARAH <hr/> 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 <hr/> 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.) <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/238 Rpt: 26/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIDGETON NJ, 135 AMERICAN AVE <hr/> 6 Contributor address; City; State; Zip Code BRIDGETON, NJ 08302	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) TJD ARCHITECTS & ENGINEERS		9 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. <hr/> 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. <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/238 Rpt: 50/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D-NDI, BRUCE <hr/> 6 Contributor address; City; State; Zip Code WOODLAND HILLS, CA 91367	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAIGLE, WAYNE <hr/> 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 <hr/> 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 <hr/> 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.) <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/238 Rpt: 58/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E WARNER, CHERICE <hr/> 6 Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E WARNER, CHERICE <hr/> 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. <hr/> 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 <hr/> 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 <hr/> 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

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/238 Rpt: 78/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOIAS, ETHEL JEAN <hr/> 6 Contributor address; City; State; Zip Code LYNDHURST, NJ 07071	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLD, JAMES <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/238 Rpt: 87/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAAR, JENNIFER <hr/> 6 Contributor address; City; State; Zip Code KATY, TX 77494	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HACKER, DAVID J. <hr/> 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.) <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/238 Rpt: 91/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SUZANNE Z. <hr/> 6 Contributor address; City; State; Zip Code WEST LAKE HILLS, TX 78746	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) MANAGER		9 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/238 Rpt: 103/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGRAM <hr/> 6 Contributor address; City; State; Zip Code SAN MARCOS, TX 78666	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INKS, ROBERT <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/238 Rpt: 106/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, ROSE <hr/> 6 Contributor address; City; State; Zip Code SHERIDAN, WY 82801	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, ARCHIE <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/238 Rpt: 109/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITHLY, CHERYL 6 Contributor address; City; State; Zip Code YUMA, AZ 85364	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/238 Rpt: 110/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERKHOFF, WILLAIM J. <hr/> 6 Contributor address; City; State; Zip Code O'BRIEN, FL 32071	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERN, HAROLD <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/238 Rpt: 119/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEB, ADAM <hr/> 6 Contributor address; City; State; Zip Code PALM SPRINGS, CA 92263	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, GEOFFREY <hr/> 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 <hr/> 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. <hr/> Contributor address; City; State; Zip Code ISSAQUAH, 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. <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/238 Rpt: 123/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWE, AL <hr/> 6 Contributor address; City; State; Zip Code THE VILLAGES, FL 32162	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUEDEKE, SANDRA L. (Mrs.) <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/238 Rpt: 139/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYO, LEWIS <hr/> 6 Contributor address; City; State; Zip Code LODI, CA 95242	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYO, LEWIS <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/238 Rpt: 151/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, GERALD <hr/> 6 Contributor address; City; State; Zip Code LA PLATA, MD 20646	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, GERALD <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/238 Rpt: 154/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORA, MANUEL <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78265	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) SECURITY ASSISTANT		9 Employer (See Instructions) DEPARTMENT OF DEFENSE
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORA, MANUEL <hr/> 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 <hr/> 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 <hr/> 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. <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/238 Rpt: 167/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PACE, D 6 Contributor address; City; State; Zip Code HUNTINGDON VALLEY, PA 19006	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/238 Rpt: 168/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARISH, RUSSELL G. <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78749	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 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. <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/238 Rpt: 173/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICKARD, PHYLLIS <hr/> 6 Contributor address; City; State; Zip Code SCHERTZ, TX 78154	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICKENS, JENNIFER <hr/> 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 <hr/> 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 <hr/> 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.) <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/238 Rpt: 175/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, TRENT <hr/> 6 Contributor address; City; State; Zip Code DRIPPING SPRINGS, TX 78620	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) DCS
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOLE, CHERYL <hr/> 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. <hr/> 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. <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 187/238 Rpt: 190/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSENBLATT, JACK <hr/> 6 Contributor address; City; State; Zip Code CHARLOTTE, NC 28210	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS, SPENCER <hr/> 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 <hr/> 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.) <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 198/238 Rpt: 201/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHASTEEN, KARLYNN <hr/> 6 Contributor address; City; State; Zip Code WICHITA FALLS, TX 76310	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHASTEEN, KARLYNN <hr/> 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. <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 210/238 Rpt: 213/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STREET, DAN <hr/> 6 Contributor address; City; State; Zip Code SAN MARCOS, TX 78666	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRINGER, DAVID <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 214/238 Rpt: 217/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEMPLETON, LAURA <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78735	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 215/238 Rpt: 218/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, LARRY <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78758	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) INFO TECH SPEC		9 Employer (See Instructions) IRS
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIEMANN, JANICE <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 217/238 Rpt: 220/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNDERWOOD, JASON <hr/> 6 Contributor address; City; State; Zip Code FREDERICKSBURG, TX 78624-4925	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) INVESTOR		9 Employer (See Instructions) SELF
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNGER, RANDALL <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 223/238 Rpt: 226/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAMPNER, ANNAROSE <hr/> 6 Contributor address; City; State; Zip Code CAPE CORAL, FL 33991	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARD, PATRICIA <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 235/238 Rpt: 238/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODARD, MARY <hr/> 6 Contributor address; City; State; Zip Code WINLOCK, WA 98596	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODRUFF, ELAINE <hr/> 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.) <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 242/367	
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/16/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID COOK FOR TEXAS CAMPAIGN <hr/> 7 Contributor address; City; State; Zip Code MANSFIELD, TX 76063	8 Amount of contribution (\$) \$656.21	9 In-kind contribution description EVENT ROOM RENTAL & OVERHEAD
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 10070 I-10 LULING, TX 78648	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2025	Payee name BUC-EE'S #18	
Amount (\$) \$27.28	Payee address; City; State; Zip Code 40900 US-290 WALLER, TX 77484	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name BUC-EE'S #18	
Amount (\$) \$21.94	Payee address; City; State; Zip Code 40900 US-290 WALLER, TX 77484	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/19/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/01/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/15/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/21/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
9 Complete <u>ONLY</u> 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 PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
Complete <u>ONLY</u> 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 BANK FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2025	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/23/2025	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$1,744.90	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 PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/22/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,400.00	Payee name CMDI 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/22/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,600.00	Payee name CMDI 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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 9521 W US - 290 AUSTIN, TX 78736	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name EL MERCADO	
Amount (\$) \$304.44	Payee address; City; State; Zip Code 1302 S 1ST ST AUSTIN, TX 78704	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name FIRESTONE	
Amount (\$) \$422.16	Payee address; City; State; Zip Code 13046 FOUR STAR BLVD. AUSTIN, TX 78737-2661	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/06/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name Payee name MARIGOLD STRATEGIES LLC	
Amount (\$) \$10,000.00	Office sought 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/01/2025	Candidate/Officeholder name Payee name MARIGOLD STRATEGIES LLC	
Amount (\$) \$10,000.00	Office sought 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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; 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 <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 <u>ONLY</u> 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; State; Zip Code 2613 S LAMAR BLVD. AUSTIN, TX 78704	
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 <u>ONLY</u> 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; State; Zip Code 2613 S LAMAR BLVD. AUSTIN, TX 78704	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 TRAVEL: LODGING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 TRAVEL: HOTEL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 TRAVEL: HOTEL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code P.O. BOX 36647-1CR DALLAS, TX 75235	
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 <u>ONLY</u> 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; 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 MEETINGS
Complete <u>ONLY</u> 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; 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 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 RETURN AIRFARE FROM RAGA MEETINGS IN MIAMI
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code P.O. BOX 36647-1CR DALLAS, TX 75235	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2025	Payee name SOUTHWEST AIRLINES	
Amount (\$) \$560.96	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 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name SOUTHWEST AIRLINES	
Amount (\$) \$433.48	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 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code P.O. BOX 36647-1CR DALLAS, TX 75235	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name SQUARE TAXI	
Amount (\$) \$64.40	Payee address; City; State; Zip Code 1955 BROADWAY, STE 600 OAKLAND, CA 94612	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name STRATEGIC MEDIA SERVICES, INC.	
Amount (\$) \$194,431.08	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 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 <u>ONLY</u> 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; 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 <u>ONLY</u> 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; 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: FUEL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; State; Zip Code 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 <u>ONLY</u> 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; 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 FUNDRAISING CONSULTING
Complete <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 94/99 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 09/18/2025	5 Payee name UBER	
6 Amount (\$) \$32.91	7 Payee address; City; State; Zip Code 685 MARKET ST.HQ SAN FRANCISCO, CA 94103	
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 TAXI FROM HOTEL TO AIRPORT FOR RAGA MEETINGS
9 Complete <u>ONLY</u> 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	
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 ATTEN CAMPAIGN MEETINGS
Complete <u>ONLY</u> 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	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; 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	(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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; 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	(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 10/21/25)
9 Complete <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; 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 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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; 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	(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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 OFFICE SUPPLIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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: 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 <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 \$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 <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 \$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 <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: 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
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: 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
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: 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 <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 \$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 <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 \$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 <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: 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
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: 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
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: 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
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: 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
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: 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 <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		
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 <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 \$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 <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
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: 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
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: 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 <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		
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
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: 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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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		
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 \$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 <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: 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 <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 \$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 <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 \$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 <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: 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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL: WIFI FOR FLIGHT
	(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 \$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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TAXI TO TRAVEL BETWEEN CAMPAIGN MEETINGS
	(c) <input checked="" 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 \$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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL: HOTEL TO ATTEND CAMPAIGN MEETING
	(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		

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

SCHEDULE K

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

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/6 Rpt: 362/367
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input checked="" type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div></div>		
6 Dates of Travel 12/04/2025 12/04/2025	7 Name of person(s) traveling HANCOCK, SABRINA	
	8 Departure city or name of departure location WASHINGTON	
	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 AMERICAN AIRLINES		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input checked="" type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div></div>		
Dates of Travel 09/11/2025 09/11/2025	Name of person(s) traveling ROY, CHIP	
	Departure city or name of departure location Washington	
	Destination city or name of destination location Miami	
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) ATTEND RAGA EVENTS AND MEETINGS
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input checked="" type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div></div>		
Dates of Travel 09/16/2025 09/16/2025	Name of person(s) traveling ROY, CHIP	
	Departure city or name of departure location BANGOR	
	Destination city or name of destination location WASHINGTON	
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) 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
AMERICAN AIRLINES

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

12/04/2025

12/04/2025

7 Name of person(s) traveling

ROY, CHIP

8 Departure city or name of departure location

WASHINGTON

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

12/14/2025

12/14/2025

Name of person(s) traveling

ROY, CHIP

Departure city or name of departure location

WASHINGTON

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

12/14/2025

12/14/2025

Name of person(s) traveling

ROY, CHIP

Departure city or name of departure location

WASHINGTON

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

09/15/2025

09/15/2025

7 Name of person(s) traveling

ROY, CHIP

8 Departure city or name of departure location

BOSTON

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

12/10/2025

12/10/2025

Name of person(s) traveling

BABCOCK, CHRISTINE

Departure city or name of departure location

WASHINGTON

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

09/12/2025

09/12/2025

Name of person(s) traveling

MATOUSEK, BRITTNEY L.

Departure city or name of departure location

MIAMI

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

09/05/2025

09/05/2025

7 Name of person(s) traveling

ROY, CHIP

8 Departure city or name of departure location

WASHINGTON

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

09/14/2025

09/14/2025

Name of person(s) traveling

ROY, CHIP

Departure city or name of departure location

AUSTIN

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

10/20/2025

10/20/2025

Name of person(s) traveling

ROY, CHIP

Departure city or name of departure location

WASHINGTON

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

09/12/2026

09/12/2026

7 Name of person(s) traveling

MATOUSEK, BRITTNEY L.

8 Departure city or name of departure location

MIAMI

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

09/12/2025

09/12/2025

Name of person(s) traveling

ROY, CHIP

Departure city or name of departure location

MIAMI

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

09/19/2025

09/19/2025

Name of person(s) traveling

ROY, CHIP

Departure city or name of departure location

WASHINGTON

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

11/13/2025

11/13/2025

7 Name of person(s) traveling

ROY, CHIP

8 Departure city or name of departure location

WASHINGTON

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

09/11/2025

09/11/2025

Name of person(s) traveling

MATOUSEK, BRITTNEY L.

Departure city or name of departure location

MIAMI

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