

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                       |                                                                                                                                                                       |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The GPAC Instruction Guide explains how to complete this form.                         |                                                                                                                                                                                                                                                                                                                                                      | 1 Filer ID<br>(Ethics Commission Filers)<br>00056005                                                                                                                                  | 2 Total pages filed:<br>10                                                                                                                                            |
| 3 COMMITTEE NAME<br>Galveston Pilots for Good Government                               |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                       | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>01/02/2026<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 3068<br><br>Galveston, TX 77552                                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                                                                                                                                       |
| 5 CAMPAIGN TREASURER NAME                                                              | MS / MRS / MR FIRST MI<br>Erik B.<br>NICKNAME LAST SUFFIX<br>Stramblad                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                                                                                                                       |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1301 Pennzoil RD<br><br>Galveston, TX 77550                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                                                                                                                       |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 16110<br><br>Galveston, TX 77552                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                       |
| 8 CAMPAIGN TREASURER PHONE                                                             | AREA CODE PHONE NUMBER EXTENSION<br>(409) 941-1333                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                                                                                                                                       |
| 9 REPORT TYPE                                                                          | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |                                                                                                                                                                                       |                                                                                                                                                                       |
| 10 PERIOD COVERED                                                                      | Month Day Year<br>07/01/2025 THROUGH Month Day Year<br>12/31/2025                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                       |
| 11 ELECTION                                                                            | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                                                                                                                                                       |

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                   |                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|
| <b>12 COMMITTEE NAME</b><br>Galveston Pilots for Good Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                   | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00056005 |  |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                                                                                                                                                                  | A. Supported                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                   | B. Opposed                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                                                                                                                                                            | A. Supported                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                   | B. Opposed                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)                                                                                                                                                      | Commissioner HANK DUGIE COUNTY COMMISSIONER               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                   |                                                           |  |
| <b>15 CONTRIBUTION TOTALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                                                                    | \$ 36,300.00                                              |  |
| EXPENDITURE TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                                                                                                 | \$ 0.00                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                                                                                                            | \$ 36,500.00                                              |  |
| CONTRIBUTION BALANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                                     | \$ 99,771.10                                              |  |
| OUTSTANDING LOAN TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                              | \$ 0.00                                                   |  |
| <b>16 AFFIDAVIT</b><br><br><div style="text-align: right; margin-top: 20px;">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="text-align: right; margin-top: 20px;">Erik B. Stramblad<br/>_____<br/>Signature of Campaign Treasurer</div> <div style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</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;">_____<br/>Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</div> |                                                                                                                                                                                                                                                   |                                                           |  |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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|                                                                                                         |                                                                                                      |                                                                                  |              |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------|
| <b>12 COMMITTEE NAME</b><br>Galveston Pilots for Good Government                                        |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00056005                        |              |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported                                                                     |              |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |              |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |              |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |              |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         | GREG ABBOTT Governor                                                             |              |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) | A. Supported |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |              |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |              |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |              |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      | DAN PATRICK Lieutenant Governor                                                  |              |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) | A. Supported |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |              |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |              |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |              |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         | TERRI LEO-WILSON State Representative                                            |              |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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|                                                                                                                   |                                                                                                     |                                                           |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Galveston Pilots for Good Government                                                  |                                                                                                     | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00056005 |
| <b>14 COMMITTEE<br/>ACTIVITY</b><br><br>(Attach lists on plain<br>paper to complete this<br>report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if<br>applicable, classify by party.)                 | A. Supported BRETT LIGON State Senator                    |
|                                                                                                                   |                                                                                                     | B. Opposed                                                |
|                                                                                                                   | <b>2. Measures</b><br>(Describe by date and<br>location of election and<br>nature of issue.)        | A. Supported                                              |
|                                                                                                                   |                                                                                                     | B. Opposed                                                |
|                                                                                                                   | <b>3. Officeholders<br/>Assisted</b><br>(Identify by name or, if<br>applicable, classify by party.) |                                                           |
|                                                                                                                   |                                                                                                     |                                                           |

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
5 of 10

|                                                                  |                                                                                                                   |                                                           |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Galveston Pilots for Good Government |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00056005 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                 |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 36,300.00                                              |
| 2.                                                               | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                                                        |
| 3.                                                               | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$                                                        |
| 4.                                                               | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                                                        |
| 5.                                                               | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                                                        |
| 6.                                                               | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                                                        |
| 7.                                                               | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 8.                                                               | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 9.                                                               | <input type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                                                        |
| 10.                                                              | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 36,500.00                                              |
| 11.                                                              | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$                                                        |
| 12.                                                              | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 13.                                                              | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                                                        |
| 14.                                                              | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 15.                                                              | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                              |                                                                                                                                                                                                    |                                                          |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>             |                                                                                                                                                                                                    | <b>1</b> Total pages Schedule A1:<br>Sch: 1/3 Rpt: 6/10  |
| <b>2</b> FILER NAME<br>Galveston Pilots for Good Government                  |                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00056005 |
| <b>4</b> Date<br>12/26/2025                                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>BUSH, MATTHEW (Capt.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>KINGWOOD, TX 77345 | <b>7</b> Amount of Contribution (\$)<br><br>\$2,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>BRANCH PILOT |                                                                                                                                                                                                    | <b>9</b> Employer (See Instructions)                     |
| Date<br>12/26/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DION, DAVID (Capt.)<br>Contributor address; City; State; Zip Code<br><br>HITCHCOCK, TX 77563                    | Amount of Contribution (\$)<br><br>\$3,500.00            |
| Principal occupation / Job title (See Instructions)<br>BRANCH PILOT          |                                                                                                                                                                                                    | Employer (See Instructions)                              |
| Date<br>12/26/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HALVORSEN, JON (Capt.)<br>Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77007                   | Amount of Contribution (\$)<br><br>\$3,500.00            |
| Principal occupation / Job title (See Instructions)<br>BRANCH PILOT          |                                                                                                                                                                                                    | Employer (See Instructions)                              |
| Date<br>12/26/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HENRY, JOHN (Capt.)<br>Contributor address; City; State; Zip Code<br><br>LEAGUE CITY, TX 77573                  | Amount of Contribution (\$)<br><br>\$2,100.00            |
| Principal occupation / Job title (See Instructions)<br>BRANCH PILOT          |                                                                                                                                                                                                    | Employer (See Instructions)                              |
| Date<br>12/26/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MALCOLM, RYAN (Capt.)<br>Contributor address; City; State; Zip Code<br><br>GALVESTON, TX 77550                  | Amount of Contribution (\$)<br><br>\$3,500.00            |
| Principal occupation / Job title (See Instructions)<br>BRANCH PILOT          |                                                                                                                                                                                                    | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                              |                                                                                                                                                                                                           |                                                          |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>             |                                                                                                                                                                                                           | <b>1</b> Total pages Schedule A1:<br>Sch: 2/3 Rpt: 7/10  |
| <b>2</b> FILER NAME<br>Galveston Pilots for Good Government                  |                                                                                                                                                                                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00056005 |
| <b>4</b> Date<br>12/26/2025                                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MANNEY, DAVID (Capt.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>DICKINSON, TX 77539 | <b>7</b> Amount of Contribution (\$)<br>\$3,500.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>BRANCH PILOT |                                                                                                                                                                                                           | <b>9</b> Employer (See Instructions)                     |
| Date<br>12/26/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MITCHELL, SCOTT (Capt.)<br><hr/> Contributor address; City; State; Zip Code<br><br>LEAGUE CITY, TX 77573               | Amount of Contribution (\$)<br>\$3,500.00                |
| Principal occupation / Job title (See Instructions)<br>BRANCH PILOT          |                                                                                                                                                                                                           | Employer (See Instructions)                              |
| Date<br>12/26/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SAUNDERS, MARK (Capt.)<br><hr/> Contributor address; City; State; Zip Code<br><br>FRIENDSWOOD, TX 77546                | Amount of Contribution (\$)<br>\$3,500.00                |
| Principal occupation / Job title (See Instructions)<br>BRANCH PILOT          |                                                                                                                                                                                                           | Employer (See Instructions)                              |
| Date<br>12/26/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SCHUESSLER, CLINTON (Capt.)<br><hr/> Contributor address; City; State; Zip Code<br><br>GALVESTON, TX 77550             | Amount of Contribution (\$)<br>\$3,500.00                |
| Principal occupation / Job title (See Instructions)<br>BRANCH PILOT          |                                                                                                                                                                                                           | Employer (See Instructions)                              |
| Date<br>12/26/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SHANNAHAN, ADAM (Capt.)<br><hr/> Contributor address; City; State; Zip Code<br><br>SEABROOK, TX 77586                  | Amount of Contribution (\$)<br>\$3,500.00                |
| Principal occupation / Job title (See Instructions)<br>BRANCH PILOT          |                                                                                                                                                                                                           | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                              |                                                                                                                                                                                                                |                                                          |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>             |                                                                                                                                                                                                                | <b>1</b> Total pages Schedule A1:<br>Sch: 3/3 Rpt: 8/10  |
| <b>2</b> FILER NAME<br>Galveston Pilots for Good Government                  |                                                                                                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00056005 |
| <b>4</b> Date<br>12/26/2025                                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SOTIRELIS, CHRISTOS (Capt.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>SANTA FE, TX 77510 | <b>7</b> Amount of Contribution (\$)<br><br>\$2,100.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>BRANCH PILOT |                                                                                                                                                                                                                | <b>9</b> Employer (See Instructions)                     |
| Date<br>12/26/2025                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TRACY, DEREK (Capt.)<br><hr/> Contributor address; City; State; Zip Code<br><br>LEAGUE CITY, TX 77573-1738                  | Amount of Contribution (\$)<br><br>\$2,100.00            |
| Principal occupation / Job title (See Instructions)<br>BRANCH PILOT          |                                                                                                                                                                                                                | 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.

|                                                                                                      |                                                                                                                                                                                              |                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 9/10                                              | <b>2</b> FILER NAME<br>Galveston Pilots for Good Government                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00056005                                                                                                                                               |
| <b>4</b> Date<br>10/30/2025                                                                          | <b>5</b> Payee name<br>ABBOTT, GREG                                                                                                                                                          |                                                                                                                                                                                                        |
| <b>6</b> Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 308<br><br>AUSTIN, TX 78767                                                                                                          |                                                                                                                                                                                                        |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee                                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CONTRIBUTION |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                  | Candidate/Officeholder name                                                                                                                                                                  | Office sought Office held                                                                                                                                                                              |
| Date<br>09/29/2025                                                                                   | Payee name<br>DUGIE, HANK (Commissioner)                                                                                                                                                     |                                                                                                                                                                                                        |
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>174 CALDER DR<br>SUITE 700<br>LEAGUE CITY, TX 77573                                                                                                  |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                                                               | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee                                            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CONTRIBUTION        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                           | Candidate/Officeholder name                                                                                                                                                                  | Office sought Office held                                                                                                                                                                              |
| Date<br>12/15/2025                                                                                   | Payee name<br>LEO-WILSON, TERRI (Rep.)                                                                                                                                                       |                                                                                                                                                                                                        |
| Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br><div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div><br>GALVESTON, TX 77554 |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                                                               | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee                                            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CONTRIBUTION        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                           | Candidate/Officeholder name                                                                                                                                                                  | Office sought Office held                                                                                                                                                                              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                                                          |                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/2 Rpt: 10/10                                            | <b>2</b> FILER NAME<br>Galveston Pilots for Good Government                                                                                              | <b>3</b> Filer ID (Ethics Commission Filers)<br>00056005                                                                                                                                               |
| <b>4</b> Date<br>11/20/2025                                                                         | <b>5</b> Payee name<br>LIGON, BRETT                                                                                                                      |                                                                                                                                                                                                        |
| <b>6</b> Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1 E GREENWAY PLAZA<br>SUITE 225<br>HOUSTON, TX 77046                                                    |                                                                                                                                                                                                        |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CONTRIBUTION |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                              |
| Date<br>11/21/2025                                                                                  | Payee name<br>PATRICK, DAN                                                                                                                               |                                                                                                                                                                                                        |
| Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>PO BOX 685085<br><br>AUSTIN, TX 78768                                                                            |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CONTRIBUTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                              |