

**GENERAL-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086696	2 Total pages filed: 15				
3 COMMITTEE NAME Restore the Republic		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/07/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged					
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address 13370 Bayfield Dr  Frisco, TX 75033							
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.			FIRST Tad H.	MI		
	NICKNAME .....	LAST Preston	SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 13370 Bayfield Dr.  Frisco, TX 75033		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 15922 El Dorado Pkwy. Ste. 500 #673  Frisco, TX 75035						
8 CAMPAIGN TREASURER PHONE	AREA CODE (972) 832-6284	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff						
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year	
11 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <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> Restore the Republic		<b>13 FILER ID</b> (Ethics Commission Filers) 00086696
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,296.76
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>16 AFFIDAVIT</b>		
<p>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.</p> <p>Mr. Tad H. Preston _____ Signature of Campaign Treasurer</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 15

<b>17</b> COMMITTEE NAME Restore the Republic	<b>18</b> Filer ID (Ethics Commission Filers) 00086696
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,296.76	
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 134.48	
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: Sch: 1/5 Rpt: 4/15
<b>2</b> FILER NAME Restore the Republic		<b>3</b> Filer ID (Ethics Commission Filers) 00086696
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Marcia (Mrs.)	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75007	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooch, Yolanda (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Little Elm, TX 75068	
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#: _____) Gooch, Yolanda (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Little Elm, TX 75068	
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#: _____) Gooch, Yolanda (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Little Elm, TX 75068	
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#: _____) Gooch, Yolanda (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Little Elm, TX 75068	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/15
<b>2</b> FILER NAME Restore the Republic		<b>3</b> Filer ID (Ethics Commission Filers) 00086696
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooch, Yolanda (Mrs.)	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Little Elm, TX 75068	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooch, Yolanda (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Little Elm, TX 75068	
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#: _____) Hazelip, Gary (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Frisco, TX 75033	
Principal occupation / Job title (See Instructions) IP manager		Employer (See Instructions) Haliburton
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickey, Mary (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Richardson, TX 75081	
Principal occupation / Job title (See Instructions) Healer		Employer (See Instructions) Self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickey, Mary (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Richardson, TX 75081	
Principal occupation / Job title (See Instructions) Naturopath		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/15
<b>2</b> FILER NAME Restore the Republic		<b>3</b> Filer ID (Ethics Commission Filers) 00086696
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pontius, Frederick (Mr.)	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Aubrey, TX 76227	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pontius, Frederick (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Aubrey, TX 76227	
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#: _____) Pontius, Frederick (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Aubrey, TX 76227	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Sheree (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wamhoff, Patrick (Mr.)	Amount of Contribution (\$) \$138.38
	Contributor address; City; State; Zip Code  Frisco, TX 75034	
Principal occupation / Job title (See Instructions) International Account Executive		Employer (See Instructions) Asurion

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/15
<b>2</b> FILER NAME Restore the Republic		<b>3</b> Filer ID (Ethics Commission Filers) 00086696
<b>4</b> Date 12/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wamhoff, Patrick (Mr.)	<b>7</b> Amount of Contribution (\$) \$138.38
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034	
<b>8</b> Principal occupation / Job title (See Instructions) International Account Executive		<b>9</b> Employer (See Instructions) Asurion
<b>Date</b> 07/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaal, Michael (Mr.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75036	
<b>Principal occupation / Job title (See Instructions)</b> Sales		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaal, Michael (Mr.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75036	
<b>Principal occupation / Job title (See Instructions)</b> Sales		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaal, Michael (Mr.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75036	
<b>Principal occupation / Job title (See Instructions)</b> Sales		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaal, Michael (Mr.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75036	
<b>Principal occupation / Job title (See Instructions)</b> Sales		<b>Employer (See Instructions)</b> Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/15
<b>2</b> FILER NAME Restore the Republic			<b>3</b> Filer ID (Ethics Commission Filers) 00086696
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaal, Michael (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75036	<b>7</b> Amount of Contribution (\$)  \$20.00	
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Self Employed	
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaal, Michael (Mr.) ..... <b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75036	<b>Amount of Contribution (\$)</b>  \$20.00	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self Employed	

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 1/7 Rpt: 9/15	2 FILER NAME Restore the Republic	3 Filer ID (Ethics Commission Filers) 00086696
4 Date 07/08/2025	5 Payee name Anedot	
6 Amount (\$) 1.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 07/13/2025	Payee name Anedot	
Amount (\$) 5.84 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 07/15/2025	Payee name Anedot	
Amount (\$) 2.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 07/22/2025	Payee name Anedot	
Amount (\$) 1.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 2/7 Rpt:	2 FILER NAME Restore the Republic	3 Filer ID (Ethics Commission Filers) 00086696
4 Date 08/08/2025	5 Payee name Anedot	
6 Amount (\$) 1.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 08/10/2025	Payee name Anedot	
Amount (\$) 4.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 08/22/2025	Payee name Anedot	
Amount (\$) 1.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 09/08/2025	Payee name Anedot	
Amount (\$) 1.10 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 3/7 Rpt:	2 FILER NAME Restore the Republic	3 Filer ID (Ethics Commission Filers) 00086696
4 Date 09/22/2025	5 Payee name Anedot	
6 Amount (\$) 1.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 10/06/2025	Payee name Anedot	
Amount (\$) 2.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 10/08/2025	Payee name Anedot	
Amount (\$) 1.10 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 10/22/2025	Payee name Anedot	
Amount (\$) 1.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 4/7 Rpt:	2 FILER NAME Restore the Republic	3 Filer ID (Ethics Commission Filers) 00086696
4 Date 11/06/2025	5 Payee name Anedot	
6 Amount (\$) 2.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 11/08/2025	Payee name Anedot	
Amount (\$) 1.10 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 11/22/2025	Payee name Anedot	
Amount (\$) 1.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 11/23/2025	Payee name Anedot	
Amount (\$) 8.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 5/7 Rpt:	2 FILER NAME Restore the Republic	3 Filer ID (Ethics Commission Filers) 00086696
4 Date 11/23/2025	5 Payee name Anedot	
6 Amount (\$) 8.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 12/06/2025	Payee name Anedot	
Amount (\$) 2.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 12/08/2025	Payee name Anedot	
Amount (\$) 1.10 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 12/14/2025	Payee name Anedot	
Amount (\$) 5.84 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/7 Rpt:	2 FILER NAME Restore the Republic	3 Filer ID (Ethics Commission Filers) 00086696
4 Date 12/22/2025	5 Payee name Anedot	
6 Amount (\$) 1.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 12/31/2025	Payee name Anedot	
Amount (\$) 2.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Transaction Fee
Date 07/31/2025	Payee name Frost Bank	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2785 E Eldorado Pkwy Suite 100  Little Elm, TX 75068	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Service Charge
Date 08/29/2025	Payee name Frost Bank	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2785 E Eldorado Pkwy Suite 100  Little Elm, TX 75068	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Service Charge

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/7 Rpt:	2 FILER NAME Restore the Republic	3 Filer ID (Ethics Commission Filers) 00086696
4 Date 09/30/2025	5 Payee name Frost Bank	
6 Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2785 E Eldorado Pkwy Suite 100  Little Elm, TX 75068	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Service Charge
Date 10/31/2025	Payee name Frost Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2785 E Eldorado Pkwy Suite 100  Little Elm, TX 75068	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Service Charge
Date 11/28/2025	Payee name Frost Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2785 E Eldorado Pkwy Suite 100  Little Elm, TX 75068	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Service Charge
Date 12/31/2025	Payee name Frost Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2785 E Eldorado Pkwy Suite 100  Little Elm, TX 75068	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Service Charge