

**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) 00016690	2 Total pages filed: 48			
3 COMMITTEE NAME Texas Funeral Directors Assn. PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 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 4419 Frontier Trail #108 Austin, TX 78745						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Harvey			MI		
	NICKNAME LAST Hilderbran	SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 226 Canyon Creek Lane Kerrville, TX 78028	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 226 Canyon Creek Lane Kerrville, TX 78028	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 796-7951	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other		

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

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Texas Funeral Directors Assn. PAC		13 FILER ID (Ethics Commission Filers) 00016690
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 8,025.74
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,945.74
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 116.85
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,495.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 107,416.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<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 style="text-align: right;">_____ 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 48

17 COMMITTEE NAME Texas Funeral Directors Assn. PAC	18 FILER ID (Ethics Commission Filers) 00016690
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 11,945.74	
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 \$ 5,495.56	
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/40 Rpt: 4/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79424	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/40 Rpt: 5/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Gene (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79424	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/40 Rpt: 6/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code DeKalb, TX 75559	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Bates Family Funeral Home
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Robert L. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DeKalb, TX 75559	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Bates Family Funeral Home
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Danna (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/40 Rpt: 7/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beatty, Danna (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Winnsboro, TX 75494	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beatty, Danna (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beatty, Danna (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Winnsboro, TX 75494	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beatty, Paul (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beatty, Paul (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/40 Rpt: 8/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Mineola, TX 75773	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Paul (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cibolo, TX 78108	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/40 Rpt: 9/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Jeremy (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cibolo, TX 78108	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/40 Rpt: 10/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Lee (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/40 Rpt: 11/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Yoakum, TX 77995	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Gary (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/40 Rpt: 12/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Buda, TX 78610	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, B. J. (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/40 Rpt: 13/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jacob (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/40 Rpt: 14/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/40 Rpt: 15/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Jason (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mineola, TX 77903	
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mineola, TX 77903	
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mineola, TX 77903	
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mineola, TX 77903	
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/40 Rpt: 16/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.) 6 Contributor address; City; State; Zip Code Mineola, TX 77903	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		9 Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, V. Adrian (Mr.) Contributor address; City; State; Zip Code Mineola, TX 77903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Director/Embalmer		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/40 Rpt: 17/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75234	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Park Lawn Corp
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75234	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goobeck, John (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75234	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Park Lawn Corp
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/40 Rpt: 18/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78739	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Harrell Funeral Home
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Jason (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Harrell Funeral Home
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/40 Rpt: 19/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions) Funeral Sales		9 Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hass, Shana (Mrs.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Funeral Sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/40 Rpt: 20/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) 6 Contributor address; City; State; Zip Code Lewisville, TX 75067	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Funeral Supply Sales		9 Employer (See Instructions) In Loving Memory
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.) Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Supply Sales		Employer (See Instructions) In Loving Memory

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/40 Rpt: 21/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Jill (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Lewisville, TX 75067	
8 Principal occupation / Job title (See Instructions) Funeral Supply Sales		9 Employer (See Instructions) In Loving Memory
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Funeral Home		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Funeral Home		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Funeral Home		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Funeral Home		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/40 Rpt: 22/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78232	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Funeral Home		9 Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Michael (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Funeral Home		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) Contributor address; City; State; Zip Code Ennis, TX 75120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) Contributor address; City; State; Zip Code Ennis, TX 75120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.) Contributor address; City; State; Zip Code Ennis, TX 75120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/40 Rpt: 23/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Ennis, TX 75120	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Ennis, TX 75120	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keever, David (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Ennis, TX 75120	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/40 Rpt: 24/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Houston, TX 77009	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller-Nelson, Lois (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/40 Rpt: 25/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Ballinger, TX 76821	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Larry (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Ballinger, TX 76821	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/40 Rpt: 26/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Texas City, TX 77592	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Texas City, TX 77592	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Texas City, TX 77592	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Texas City, TX 77592	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Texas City, TX 77592	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/40 Rpt: 27/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Roy (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Texas City, TX 77592	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Quitman, TX 75783	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Quitman, TX 75783	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Quitman, TX 75783	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Dewayne (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Quitman, TX 75783	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 25/40 Rpt: 28/48
2 FILER NAME Texas Funeral Directors Assn. PAC			3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/24/2025	5 Full name of contributor Lowe, Dewayne (Mr.) 6 Contributor address; City; State; Zip Code Quitman, TX 75783	7 Amount of Contribution (\$) \$10.00	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)	
Date 12/23/2025	Full name of contributor Lowe, Dewayne (Mr.) Contributor address; City; State; Zip Code Quitman, TX 75783	Amount of Contribution (\$) \$10.00	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)	
Date 07/25/2025	Full name of contributor Lucas, Jimmy (Mr.) Contributor address; City; State; Zip Code Hurst, TX 76053	Amount of Contribution (\$) \$20.00	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes	
Date 08/27/2025	Full name of contributor Lucas, Jimmy (Mr.) Contributor address; City; State; Zip Code Hurst, TX 76053	Amount of Contribution (\$) \$20.00	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes	
Date 09/24/2025	Full name of contributor Lucas, Jimmy (Mr.) Contributor address; City; State; Zip Code Hurst, TX 76053	Amount of Contribution (\$) \$20.00	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/40 Rpt: 29/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Hurst, TX 76053	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) North Texas Funeral Homes
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Jimmy (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) North Texas Funeral Homes
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76134	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76134	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/40 Rpt: 30/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76134	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Lucas Funeral Homes
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76134	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76134	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangham, Eddie (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76134	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Lucas Funeral Homes
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75216	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/40 Rpt: 31/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75216	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75216	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75216	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75216	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monzingo, Monty (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75216	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/40 Rpt: 32/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/40 Rpt: 33/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Veronica (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 76222	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 76222	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 76222	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 76222	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/40 Rpt: 34/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dallas, TX 76222	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullin, Joshua (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 76222	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75232	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75232	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75232	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/40 Rpt: 35/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75232	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75232	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Kelly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75232	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77045	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77045	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/40 Rpt: 36/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77045	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77045	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77045	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Michelle (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77045	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/40 Rpt: 37/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79107	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Morris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/40 Rpt: 38/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Wolfe City, TX 75496	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Wolfe City, TX 75496	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Wolfe City, TX 75496	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Wolfe City, TX 75496	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Wolfe City, TX 75496	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/40 Rpt: 39/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard (Mr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Wolfe City, TX 75496	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/40 Rpt: 40/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Clarendon, TX 79226	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Robertson Funeral Directors
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Charles (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Clarendon, TX 79226	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Robertson Funeral Directors
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/40 Rpt: 41/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Sterling City, TX 76951	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeet-Foster, Courtney (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Sterling City, TX 76951	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/40 Rpt: 42/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Tyler, TX 76703	
8 Principal occupation / Job title (See Instructions) Funeral Service		9 Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chris (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tyler, TX 76703	
Principal occupation / Job title (See Instructions) Funeral Service		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/40 Rpt: 43/48
2 FILER NAME Texas Funeral Directors Assn. PAC		3 Filer ID (Ethics Commission Filers) 00016690
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79761	
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions) Legacy Funeral Group
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallie, Bill (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Legacy Funeral Group

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 44/48	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/31/2025	5 Payee name Fast Signs	
6 Amount (\$) \$408.74	7 Payee address; City; State; Zip Code 3100 Handley-Ederville Rd. Ste C Richland Hills, TX 76118	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/31/2025	Payee name Moody Gardens Golf Course	
Amount (\$) \$2,919.97	Payee address; City; State; Zip Code 1700 Sydnor Lane Galveston, TX 77554	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf tournament fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/24/2025	Payee name Strategic Association Management	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 45/48	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
4 Date 07/17/2025	5 Payee name Strategic Association Management	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Strategic Association Management	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Strategic Association Management	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 46/48	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
4 Date 10/17/2025	5 Payee name Strategic Association Management	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name Strategic Association Management	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Strategic Association Management	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 47/48	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
4 Date 09/30/2025	5 Payee name Strategic Association Management	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Strategic Association Management	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Strategic Association Management	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 48/48	2 FILER NAME Texas Funeral Directors Assn. PAC	3 Filer ID (Ethics Commission Filers) 00016690
4 Date 12/16/2025	5 Payee name Strategic Association Management	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 3305 Steck Ave, #300 Austin, TX 78757	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name VAN BIBBER, DEBBIE (Ms.)	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 12609 Dessau Rd., Lot 519 Austin, TX 78754	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held