

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) 00084734	2 Total pages filed: 6		
3 COMMITTEE NAME Way to Lead Texas				OFFICE USE ONLY			
				Date Received			
				ELECTRONICALLY FILED 01/12/2026			
				Date Hand-delivered or Date Postmarked			
				Receipt #	Amount		
				Date Processed			
				Date Imaged			
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
		750 North St Paul Street Suite 250 PMB 87698 Dallas, TX 75201					
5 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST Dacey	MI			
		NICKNAME	LAST Montoya	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); 2828 N. Central Ave. Ste. 1014		APT / SUITE #;	CITY; STATE; ZIP CODE		
				Phoenix , AZ 85004			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; 2828 N. Central Ave. Ste. 1014		APT / SUITE #;	CITY; STATE; ZIP CODE		
				Phoenix , AZ 85004			
8 CAMPAIGN TREASURER PHONE		AREA CODE (602)	PHONE NUMBER 228-8902	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 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<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 Way to Lead Texas		13 FILER ID (Ethics Commission Filers) 00084734
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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 59,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 65,196.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dacey Montoya

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 6

17 COMMITTEE NAME Way to Lead Texas	18 Filer ID (Ethics Commission Filers) 00084734
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 59,550.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input 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 \$ 84.00	
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: 1/1 Rpt: 4/6
2 FILER NAME Way to Lead Texas		3 Filer ID (Ethics Commission Filers) 00084734
4 Date 09/12/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00686832</u>) Way to Lead PAC 6 Contributor address; City; State; Zip Code Phoenix, AZ 85004	7 Amount of Contribution (\$) \$59,550.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 5/6	2 FILER NAME Way to Lead Texas	3 Filer ID (Ethics Commission Filers) 00084734
4 Date 07/28/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1825 K Street NW Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 08/28/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K Street NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 09/26/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K Street NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 10/29/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K Street NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank 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: 2/2 Rpt: 6/6	2 FILER NAME Way to Lead Texas	3 Filer ID (Ethics Commission Filers) 00084734
4 Date 11/26/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1825 K Street NW Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 12/30/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K Street NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee