

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089948	2 Total pages filed: 7			
3 COMMITTEE NAME Texans for DPRIT		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/13/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged				
4 COMMITTEE ADDRESS 701 Avenida De Las Americas Suite 900 Houston, TX 77010						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Taylor			MI		
	NICKNAME Landin	LAST SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 701 Avenida De Las Americans Ste. 900 Houston, TX 77010	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 701 Avenida De Las Americans Ste. 900 Houston, TX 77010	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (713) 844-3624	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"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month 10/26/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Special <input type="checkbox"/> Other				

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Texans for DPRIT		13 FILER ID (Ethics Commission Filers) 00089948	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / #
		ELECTION DATE Month Day Year 11/04/2025	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,464.38	
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	\$ 0.00	
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.

Taylor Landin

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 - SPAC**FORM SPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Texans for DPRIT	18 FILER ID (Ethics Commission Filers) 00089948
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
5. <input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
7. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
9. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
10. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
11. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.			
2 FILER NAME Texans for DPRIT			
4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00			
5 Date	6 Full name of pledgor 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (If applicable)
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C2: Sch: 1/1 Rpt: 5/7</p>	
<p>2 FILER NAME Texans for DPRIT</p>		<p>3 Filer ID (Ethics Commission Filers) 00089948</p>	
<p>4 Date 11/02/2025</p>	<p>5 Corporation / Labor Organization name American Heart Association</p>	<p>7 Amount of contribution(\$) \$6,000.00</p>	<p>8 In-kind contribution description Media ads</p>
	<p>6 Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75231</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>Date 10/30/2025</p>	<p>Corporation / Labor Organization name American Heart Association</p>	<p>Amount of contribution(\$) \$3,464.38</p>	<p>In-kind contribution description Staff expenses to support campaign</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75231</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<p>Date 11/25/2025</p>	<p>Corporation / Labor Organization name American Heart Association</p>	<p>Amount of contribution(\$) \$5,000.00</p>	<p>In-kind contribution description Social Media Ads in support of Proposition 4</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75231</p>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 6/7
2 FILER NAME Texans for DPRIT		3 Filer ID (Ethics Commission Filers) 00089948
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC-DR

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The Instruction Guide explains how to complete this form. **Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME

Texans for DPRIT

2 Filer ID (Ethics Commission Filers)

00089948

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Taylor Landin

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

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