

**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) 00085270	2 Total pages filed: 12			
3 COMMITTEE NAME Wise County Conservatives		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 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 1816 S. FM 51 STE 400-165  Decatur, TX 76234						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.			FIRST Frank C.	MI	
	NICKNAME .....	LAST Wells Jr.	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1816 S. FM 51 STE 400-165  Decatur, TX 76234		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 1816 S. FM 51 Ste. 400-165  Decatur, TX 76234					
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (817) 680-6312					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff					
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				

**GO TO PAGE 2**

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

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Wise County Conservatives		<b>13 FILER ID</b> (Ethics Commission Filers) 00085270
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 933.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 1,000.28
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,562.91
<b>OUTSTANDING LOAN TOTALS</b>	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.

Mr. Frank C. Wells Jr.

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 12

<b>17</b> COMMITTEE NAME Wise County Conservatives	<b>18</b> Filer ID (Ethics Commission Filers) 00085270
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 933.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,000.28	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/12
<b>2</b> FILER NAME Wise County Conservatives		<b>3</b> Filer ID (Ethics Commission Filers) 00085270
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle, Noah	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Decatur, TX 76234	
<b>8</b> Principal occupation / Job title (See Instructions) Student		<b>9</b> Employer (See Instructions) None
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angle, Noah	Amount of Contribution (\$)  \$2.00
	Contributor address; City; State; Zip Code  Decatur, TX 76234	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) None
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke, William	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Aurora, TX 76078	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankenfield, Samuel	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Sunset, TX 76270	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Jenai	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code  Decatur, TX 76234	
Principal occupation / Job title (See Instructions) Recreation Therapist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/12
<b>2</b> FILER NAME Wise County Conservatives		<b>3</b> Filer ID (Ethics Commission Filers) 00085270
<b>4</b> Date 07/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Boyd, TX 76023	
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Self
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/12
<b>2</b> FILER NAME Wise County Conservatives		<b>3</b> Filer ID (Ethics Commission Filers) 00085270
<b>4</b> Date 10/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Boyd, TX 76023	
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/12
<b>2</b> FILER NAME Wise County Conservatives		<b>3</b> Filer ID (Ethics Commission Filers) 00085270
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Boyd, TX 76023	
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions) Self
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Shawn	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Alvord, TX 76225	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Shawn	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Alvord, TX 76225	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Shawn	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Alvord, TX 76225	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Shawn	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Alvord, TX 76225	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/12
<b>2</b> FILER NAME Wise County Conservatives		<b>3</b> Filer ID (Ethics Commission Filers) 00085270
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Shawn	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Alvord, TX 76225	
<b>8</b> Principal occupation / Job title (See Instructions) Farmer		<b>9</b> Employer (See Instructions) Self
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Shawn	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Alvord, TX 76225	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, Rocky	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  BRIDGEPORT, TX 76426	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, Rocky	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  BRIDGEPORT, TX 76426	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, Rocky	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  BRIDGEPORT, TX 76426	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/12
<b>2</b> FILER NAME Wise County Conservatives		<b>3</b> Filer ID (Ethics Commission Filers) 00085270
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, Rocky	<b>7</b> Amount of Contribution (\$) \$75.00
	<b>6</b> Contributor address; City; State; Zip Code  BRIDGEPORT, TX 76426	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Graydon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  BRIDGEPORT, TX 76426	
Principal occupation / Job title (See Instructions) Aircraft Mechanic		Employer (See Instructions) DOD
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Graydon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  BRIDGEPORT, TX 76426	
Principal occupation / Job title (See Instructions) Aircraft Mechanic		Employer (See Instructions) DOD
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Graydon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  BRIDGEPORT, TX 76426	
Principal occupation / Job title (See Instructions) Aircraft Mechanic		Employer (See Instructions) DOD
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Graydon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  BRIDGEPORT, TX 76426	
Principal occupation / Job title (See Instructions) Aircraft Mechanic		Employer (See Instructions) DOD

# 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: 1/3 Rpt: 10/12	2 FILER NAME Wise County Conservatives	3 Filer ID (Ethics Commission Filers) 00085270
4 Date 12/31/2025	5 Payee name Andeot	
6 Amount (\$) \$26.02	7 Payee address; City; State; Zip Code 13723 Greenville Ave Ste 41002 Dallas, TX 75206	
<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 Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name BLUESTONE Creatives	
Amount (\$) \$270.70	Payee address; City; State; Zip Code 2801 Network Boulevard Suite 300 Frisco, TX 75034	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name MAILCHIMP	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
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: 2/3 Rpt: 11/12	2 FILER NAME Wise County Conservatives	3 Filer ID (Ethics Commission Filers) 00085270
4 Date 08/12/2025	5 Payee name MAILCHIMP	
6 Amount (\$) \$117.26	7 Payee address; City; State; Zip Code 676 Ponce de Leon Ave NE Suite 5001 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name MAILCHIMP	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 677 Ponce de Leon Ave NE Suite 5002 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Mailchimp	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 678 Ponce de Leon Ave NE Suite 5003 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
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: 3/3 Rpt: 12/12	2 FILER NAME Wise County Conservatives	3 Filer ID (Ethics Commission Filers) 00085270
4 Date 11/12/2025	5 Payee name Mailchimp	
6 Amount (\$) \$117.26	7 Payee address; City; State; Zip Code 679 Ponce de Leon Ave NE Suite 5004 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Mailchimp	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 680 Ponce de Leon Ave NE Suite 5005 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held