

**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) 00058340 | 2 Total pages filed: 13 |
| 3 COMMITTEE NAME Texans for Toll-free Highways | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/28/2026 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 317 Sidney Baker S, Suite 400-308 Kerrville, TX 78028 | | | |
| | | | |
| | | | |
| | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | | |
| | NICKNAME | LAST Sartor | SUFFIX |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 3530 Eva Jane San Antonio, TX 78261 | | APT / SUITE #; CITY; STATE; ZIP CODE |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 488-5412 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 01/01/2026 | Day | Year 01/22/2026 |
| 11 ELECTION | ELECTION DATE Month 03/03/2026 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

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

**FORM GPAC
COVER SHEET PG 2**

| | | |
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| 12 COMMITTEE NAME Texans for Toll-free Highways | | 13 FILER ID (Ethics Commission Filers) 00058340 |
| 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 PAULETTE CARSON State Representative 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 checked="" 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) | \$ 1,114.20 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 40.80 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 46.14 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 3,252.95 |
| 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;">_____ Sudie Sartor _____ 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 |

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE**

**FORM GPAC
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|---|---|---|
| 12 COMMITTEE NAME Texans for Toll-free Highways | | 13 FILER ID (Ethics Commission Filers) 00058340 |
| 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 JACE YARBROUGH CONGRESSIONAL DISTRICT 32 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.) | |
| | | |
| 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 MIKE OLCOTT State Representative 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.) | |
| | | |
| 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 CHERYL BEAN State Representative 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.) | |
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|---|---|---|
| 12 COMMITTEE NAME Texans for Toll-free Highways | | 13 FILER ID (Ethics Commission Filers) 00058340 |
| 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 BO FRENCH Railroad Commissioner 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.) | |
| | | |
| 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 JEFF FORRESTER State Representative 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.) | |
| | | |
| 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 JASON CORLEY CONGRESSIONAL DISTRICT 19 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.) | |
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| 12 COMMITTEE NAME Texans for Toll-free Highways | | 13 FILER ID (Ethics Commission Filers) 00058340 | |
| 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 THOMAS SMITH Court Of Criminal Appeals, Judge | |
| | | 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.) | | |
| | | | |
| | 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 JOHN MESSINGER Court Of Criminal Appeals, Judge |
| | | | 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.) | | | |
| | | | |
| 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 TOM BUTLER State Representative |
| | | | 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.) | | |
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|---|---|---|
| 12 COMMITTEE NAME Texans for Toll-free Highways | | 13 FILER ID (Ethics Commission Filers) 00058340 |
| 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 MELISSA BECKETT State Representative 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.) | |
| | | |
| 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 DON HUFFINES Comptroller 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.) | |
| | | |
| 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 DAVID LOWE State Representative 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.) | |
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| 12 COMMITTEE NAME Texans for Toll-free Highways | | 13 FILER ID (Ethics Commission Filers) 00058340 |
| 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 CHIP ROY Attorney General 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.) | |
| | | |
| 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 STEVE TOTH US CONGRESS DISTRICT 2 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.) | |
| | | |
| 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 TOM GLASS State Representative 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.) | |
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| 12 COMMITTEE NAME Texans for Toll-free Highways | | 13 FILER ID (Ethics Commission Filers) 00058340 |
| 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 ANDY HOPPER State Representative 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.) | |
| | | |
| 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 LIZ CASE State Representative 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.) | |
| | | |
| 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 JAMIE HAYNES State Representative 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.) | |
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| 12 COMMITTEE NAME Texans for Toll-free Highways | | 13 FILER ID (Ethics Commission Filers) 00058340 |
| 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 JOHN BOUCHE State Representative 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.) | |
| | | |

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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| | |
|---|---|
| 17 COMMITTEE NAME Texans for Toll-free Highways | 18 FILER ID (Ethics Commission Filers) 00058340 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,114.20 | |
| 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 \$ 46.14 | |
| 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: 1/2 Rpt: 11/13 |
| 2 FILER NAME Texans for Toll-free Highways | | 3 Filer ID (Ethics Commission Filers) 00058340 |
| 4 Date 01/08/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulger, Linda | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 01/07/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Chris | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78261 | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 01/06/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falcon Borel , Linda | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78260 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) retired |
| Date 01/05/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurence, Lynn | Amount of Contribution (\$) \$959.70 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78258 | |
| Principal occupation / Job title (See Instructions) EXECUTIVE | | Employer (See Instructions) Jack Laurence Corp. |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, DAVID | Amount of Contribution (\$) \$4.50 |
| | Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320 | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 12/13 |
| 2 FILER NAME Texans for Toll-free Highways | | 3 Filer ID (Ethics Commission Filers) 00058340 |
| 4 Date 01/05/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodside, Charles 6 Contributor address; City; State; Zip Code Schertz, TX 78154 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |

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: 1/1 Rpt: 13/13 | 2 FILER NAME Texans for Toll-free Highways | 3 Filer ID (Ethics Commission Filers) 00058340 | |
| 4 Date 01/08/2026 | 5 Payee name CONSTANT CONTAC | | |
| 6 Amount (\$) \$5.34 | 7 Payee address; City; 1601 TRAPELO ROAD WALTHAM, MA 02451 | | |
| 8 PURPOSE OF EXPENDITURE | (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 WEBSITE/EMAIL | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |