

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) 00065157	2 Total pages filed: 10
3 COMMITTEE NAME Touchstone Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/20/2026	
		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 250 W. Nottingham Suite 200 San Antonio, TX 78209		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Carl NICKNAME LAST SUFFIX Fellbaum		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 250 W. Nottingham Suite 200 San Antonio, TX 78209		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 250 W. Nottingham, Suite 200 San Antonio, TX 78209		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 828-5686		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/23/2026 THROUGH 02/21/2026		
11 ELECTION	ELECTION DATE Month Day Year 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

12 COMMITTEE NAME Touchstone Political Action Committee	13 Filer ID (Ethics Commission Filers) 00065157
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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 Rep. Lacey Hull 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 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)	\$	1,402.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	3,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	41,828.76
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.

Mr. Carl Fellbaum

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

12 COMMITTEE NAME Touchstone Political Action Committee	13 Filer ID (Ethics Commission Filers) 00065157
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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 Rep. Armando Martinez 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 Rep. Cecil Bell 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

17 COMMITTEE NAME Touchstone Political Action Committee		18 Filer ID (Ethics Commission Filers) 00065157
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,402.50
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	\$ 3,000.00
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	\$ 77.75
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: 1/4 Rpt: 5/10
2 FILER NAME Touchstone Political Action Committee		3 Filer ID (Ethics Commission Filers) 00065157
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barg, Patrick <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78250	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Director of Operational Finance		9 Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, Melissa <hr/> Contributor address; City; State; Zip Code La Vernia, TX 78121	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Vice President of Finance		Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blagg, Lana <hr/> Contributor address; City; State; Zip Code Poteet, TX 78065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President of Skilled Operations		Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boening, Christopher <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President of Operations		Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Leslie <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Touchstone Communities, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 6/10
2 FILER NAME Touchstone Political Action Committee		3 Filer ID (Ethics Commission Filers) 00065157
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Lynnea (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Helotes, TX 78023	
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlot, Sherrel	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
Principal occupation / Job title (See Instructions) Vice President of Operations - VLB		Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erleben, Lacey	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Devine, TX 78016	
Principal occupation / Job title (See Instructions) VP of Clinical Reimbursement		Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Margaret (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78251	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Touchstone Strategies - HB, LLC
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fellbaum, Ernest Carl (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Touchstone Communities, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/10
2 FILER NAME Touchstone Political Action Committee		3 Filer ID (Ethics Commission Filers) 00065157
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finto, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Moore, TX 78057	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Director of Clinical Operations		9 Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juel, Melanie (Mrs.) <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Chief Human Resource Officer		Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCulloch, Carlos (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Marketing		Employer (See Instructions) Touchstone Strategies - HB, LLC
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody, Tommy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Data Specialist		Employer (See Instructions) Touchstone Communities, Inc.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sehlike, Bryon (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Touchstone Communities, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/10
2 FILER NAME Touchstone Political Action Committee		3 Filer ID (Ethics Commission Filers) 00065157
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zurovec, Darrell <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) General Counsel		9 Employer (See Instructions) Touchstone Communities, Inc.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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: 9/10	2 FILER NAME Touchstone Political Action Committee	3 Filer ID (Ethics Commission Filers) 00065157
4 Date 01/23/2026	5 Payee name Armando Martinez Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Room 1N.10 PO Box 12910 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution to campaign fund.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2026	Payee name Friends of Cecil Bell, Jr.	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Room E2.708 PO Box 12910 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution to campaign fund.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2026	Payee name Lacey Hull Campaign	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Room E2.212 PO Box 12910 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution to campaign fund.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Touchstone Political Action Committee	3 Filer ID (Ethics Commission Filers) 00065157
4 Date 02/06/2026	5 Payee name Touchstone Communities, Inc.	
6 Amount (\$) <p style="text-align: right;">77.75</p> <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 250 W. Nottingham Dr. Suite 200 San Antonio, TX 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Reimbursement for postage/shipping expense.	(b) Description (See instructions regarding type of information required.) Reimbursement for postage/shipping expense.