

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00086305		2 Total pages filed: 6		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/21/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged							
3 COMMITTEE NAME	Bastrop County GOP Club										
4 TREASURER NAME	Padilla, Marsha										
5 ORIGINAL REPORT TYPE	<table><tr><td>☐ January 15</td><td>☐ Runoff</td></tr><tr><td>☐ July 15</td><td>☐ 10th day after campaign treasurer resignation</td></tr><tr><td>☐ 30th day before election</td><td>☐ Dissolution report</td></tr><tr><td>☒ 8th day before election</td><td>☐ Other (specify) _____</td></tr></table>					☐ January 15	☐ Runoff	☐ July 15	☐ 10th day after campaign treasurer resignation	☐ 30th day before election	☐ Dissolution report
☐ January 15	☐ Runoff										
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☐ 30th day before election	☐ Dissolution report										
☒ 8th day before election	☐ Other (specify) _____										
6 ORIGINAL PERIOD COVERED	Month Day Year 01/23/2026 THROUGH 02/21/2026										

7 EXPLANATION OF CORRECTION

The original report filed was correct and there were no more anticipated contributions or expenses for the time period. However, on the last day of the filing period for the 8-day report, the decision was made to send out texts in support of candidate Tom Glass and an invoice was paid for the preparations of the texts. This added an additional expense to the total political expenses for the 8-day report and reduced the Total Political Contributions maintained amount.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Marsha Padilla

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00086305	2 Total pages filed: 6	
3 COMMITTEE NAME Bastrop County GOP Club			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 02/21/2026	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
4 COMMITTEE ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 126 Brazos Drive Cedar Creek, TX 78612			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Marsha			
	NICKNAME LAST SUFFIX Padilla			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 191 Mesa Pinto Dr. Bastrop, TX 78602			
7 CAMPAIGN TREASURER MAILING ADDRESS ☐ Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 191 Mesa Pinto Dr. Bastrop, TX 78602			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 308-9480			
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Dissolution (Attach PAC-DR)			
	☐ July 15 ☒ 8th day before election ☐ 10th day after campaign treasurer termination			
10 PERIOD COVERED	☐ Runoff			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other ☐ General ☐ Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Bastrop County GOP Club		13 Filer ID (Ethics Commission Filers) 00086305
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 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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☒ 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)	\$ 8,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 6.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,681.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,196.14
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.

Marsha Padilla

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
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17 COMMITTEE NAME Bastrop County GOP Club		18 Filer ID (Ethics Commission Filers) 00086305
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,200.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	☐ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	☐ SCHEDULE E: LOANS	\$
10.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,681.56
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	☐ 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: 5/6
2 FILER NAME Bastrop County GOP Club		3 Filer ID (Ethics Commission Filers) 00086305
4 Date 02/05/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kafel, Henry 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/05/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Spencer, Carol Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/10/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tom Glass Campaign Contributor address; City; State; Zip Code McDade, TX 78650	Amount of Contribution (\$) \$8,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 6/6	2 FILER NAME Bastrop County GOP Club	3 Filer ID (Ethics Commission Filers) 00086305
4 Date 02/12/2026	5 Payee name Neel & Partners	
6 Amount (\$) \$7,935.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Mailers to residents in support of State Rep District 17 Candidate Tom Glass
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2026	Payee name Neel & Partners	
Amount (\$) \$740.16 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Text preparations to send out in support of candidate Tom Glass for State Rep District 17
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held