

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) 00089953	2 Total pages filed: 153
3 COMMITTEE NAME Texans for Chip Roy		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/23/2026	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	6705 W Highway 290, Ste. 50295		
	Austin, TX 78735		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
	Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Cabell	
	NICKNAME	LAST	SUFFIX
		Hobbs	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	7415 Southwest Pkwy, Bldg 6, Ste. 500 #134		
	Austin, TX 78735		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	7415 Southwest Pkwy, Bldg 6, Ste. 500 #134		
	Austin, TX 78735		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 277-6095	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded modified reporting limit
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/23/2026		02/21/2026
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	03/03/2026	<input type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texans for Chip Roy	13 Filer ID (Ethics Commission Filers) 00089953
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME CHIP ROY OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Attorney General
	<input type="checkbox"/> Measure	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year DESCRIPTION

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)	\$ 376,048.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 3,122.57
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,314,396.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,207,788.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000,000.00

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.

 Cabell Hobbs
 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

17 COMMITTEE NAME Texans for Chip Roy	18 Filer ID (Ethics Commission Filers) 00089953
19 SCHEDULE SUBTOTALS	SUBTOTAL AMOUNT
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 376,048.00
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 D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,309,816.18
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,579.92
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 508.40

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/118 Rpt: 4/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABDALLAH, RANDY <hr/> 6 Contributor address; City; State; Zip Code CHANDLER, AZ 85226	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) SECURITY		9 Employer (See Instructions) ALLIED UNIVERSAL
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABDALLAH, RANDY <hr/> Contributor address; City; State; Zip Code CHANDLER, AZ 85226	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SECURITY		Employer (See Instructions) ALLIED UNIVERSAL
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS IV, H. G. <hr/> Contributor address; City; State; Zip Code TOLAR, TX 76476	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) N/A-BELOW THRESHOLD		Employer (See Instructions) N/A-BELOW THRESHOLD
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIKMAN, EMILY <hr/> Contributor address; City; State; Zip Code MOUNT PLEASANT, TX 75455	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCORN, DON AND BARBARA <hr/> Contributor address; City; State; Zip Code MARINE CITY, MI 48039	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) INSURANCE CONSULTANT		Employer (See Instructions) RISK MANAGEMENT INTERNATIONAL, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/118 Rpt: 5/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALFORD, HOWARD <hr/> 6 Contributor address; City; State; Zip Code RESTON, VA 20191	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLISON, GERTRUDE <hr/> Contributor address; City; State; Zip Code SYLVA, NC 28779	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLISON, WILLIAM <hr/> Contributor address; City; State; Zip Code BELLEVUE, WA 98006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVES, DAVID <hr/> Contributor address; City; State; Zip Code JAMESTOWN, CA 95327	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMEND, JAN <hr/> Contributor address; City; State; Zip Code KAPOLEI, HI 96707	Amount of Contribution (\$) \$10.00
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: 3/118 Rpt: 6/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, BETTY	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code GRASS VALLEY, CA 95949		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, GREGORY	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code CLARKSVILLE, TN 37043		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, PAIGE	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code BIXBY, OK 74008		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREWS, GEORGE	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code PALMDALE, CA 93551		
Principal occupation / Job title (See Instructions) FINANCIAL CONSULTANT		Employer (See Instructions) SELF
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APPEL, GLADYS	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code LONGWOOD, FL 32779		
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: 4/118 Rpt: 7/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APPLETON, DAVID <hr/> 6 Contributor address; City; State; Zip Code READING, VT 05062	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) FOREST WORK		9 Employer (See Instructions) SELF EMPLOYED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APPLEYARD, ROBERT <hr/> Contributor address; City; State; Zip Code CLARK, NJ 07066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARNAIZ, DESI <hr/> Contributor address; City; State; Zip Code MANASSAS, VA 20111	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHBY, JERRY <hr/> Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHBY, JERRY <hr/> Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$100.00
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: 5/118 Rpt: 8/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASKEW, BRENDA SISLEY	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code CAMP WOOD, TX 78833		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATER, CRAIG	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code EL PASO, TX 79934		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUSFAHL, RICHARD	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code FAYETTEVILLE, TN 37334		
Principal occupation / Job title (See Instructions) MUSICIAN		Employer (See Instructions) SELF EMPLOYED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAILEY, CLIFFORD	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code COVENTRY TOWNSHIP, OH 44319		
Principal occupation / Job title (See Instructions) ENGINEERING TECH.		Employer (See Instructions) THE UNIVERSITY OF AKRON
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAILEY, NANCY	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code CHELSEA, MA 02150		
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: 6/118 Rpt: 9/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, LINDA <hr/> 6 Contributor address; City; State; Zip Code VERONA, VA 24482	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBER, VICKI J. <hr/> Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARGIEL, JOHN <hr/> Contributor address; City; State; Zip Code GRANITE CITY, IL 62040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARLOW, CAROL <hr/> Contributor address; City; State; Zip Code WILLIS, TX 77318	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) ARTIST AND NATURE PHOTOGRAPHY		Employer (See Instructions) SELF EMP
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARLOW, CAROL <hr/> Contributor address; City; State; Zip Code WILLIS, TX 77318	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) ARTIST AND NATURE PHOTOGRAPHY		Employer (See Instructions) SELF EMP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/118 Rpt: 10/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, CYNTHIA C	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code BEAUMONT, TX 77705		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, CYNTHIA C	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code BEAUMONT, TX 77705		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNETT, DAVID	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code GOODYEAR, AZ 85395		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASH, JOHN & ZINA	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78731		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) QUINN EMANUEL
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEARD, MARGARET	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78239		
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: 8/118 Rpt: 11/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEIN, RICHARD P. <hr/> 6 Contributor address; City; State; Zip Code ANNANDALE, VA 22003	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELL, RICHARD <hr/> Contributor address; City; State; Zip Code NEWPORT BEACH, CA 92660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENAVIDES, LOUIS <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78245	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENJAMIN, BETH <hr/> Contributor address; City; State; Zip Code THE WOODLANDS, TX 77382	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) PILATES INSTRUCTOR/ INDEPENDENT CABI S		Employer (See Instructions) BETH BENJAMIN
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNETT, GARY <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ELECTRICIAN		Employer (See Instructions) AMARILLO ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/118 Rpt: 12/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENWAY, NANCY <hr/> 6 Contributor address; City; State; Zip Code BRASELTON, GA 30517	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERKOWITZ, ALAN <hr/> Contributor address; City; State; Zip Code MERION STATION, PA 19066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIGOEARLY, DENISE <hr/> Contributor address; City; State; Zip Code SARASOTA, FL 34243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, DARRELL <hr/> Contributor address; City; State; Zip Code O FALLON, IL 62269	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TECHNOLOGY		Employer (See Instructions) GFI DIGITAL
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACKWELL, JIM <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77077	Amount of Contribution (\$) \$25.00
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: 10/118 Rpt: 13/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKESLEE, JAMES <hr/> 6 Contributor address; City; State; Zip Code CALDWELL, ID 83605	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) NON EMERGENCY DRIVER		9 Employer (See Instructions) TRINITY TRANSPORT
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOGARD, SUN <hr/> Contributor address; City; State; Zip Code PALM COAST, FL 32164	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONOMO, RICHARD <hr/> Contributor address; City; State; Zip Code TOWNSHIP OF WASHINGTON, NJ 07676	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOTKIN, RICHARD <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWEN, TOM <hr/> Contributor address; City; State; Zip Code HUNTINGTON, WV 25705	Amount of Contribution (\$) \$25.00
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: 11/118 Rpt: 14/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYD, GREGORY <hr/> 6 Contributor address; City; State; Zip Code BERKLEY, MA 02779	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) RECEIVING		9 Employer (See Instructions) TRUCCHI'S
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYD, MICHAEL <hr/> Contributor address; City; State; Zip Code ZEPHYRHILLS, FL 33541	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TRUCK DRIVER		Employer (See Instructions) HEYL TRUCKING
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYDSON Jr., CARL <hr/> Contributor address; City; State; Zip Code TROUTDALE, OR 97060	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) LAUNDRY WORKER		Employer (See Instructions) DEPARTMENT OF VETERANS AFFAIRS
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYLE, BARBARA <hr/> Contributor address; City; State; Zip Code SURPRISE, AZ 85374	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRACKETT, GEORGE <hr/> Contributor address; City; State; Zip Code LAS VEGAS, NV 89148	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) GRAPHIC ARTIST		Employer (See Instructions) RAYTHEON

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/118 Rpt: 15/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADEN, MARY <hr/> 6 Contributor address; City; State; Zip Code RIVERSIDE, CA 92504	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANTLEY, BESSIE <hr/> Contributor address; City; State; Zip Code ZEBULON, NC 27597	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRECKWOLDT, WERNER <hr/> Contributor address; City; State; Zip Code HAUPPAUGE, NY 11788	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREMER, CAROL <hr/> Contributor address; City; State; Zip Code CHINO, CA 91710	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRINKMAN, KATHLEEN S. <hr/> Contributor address; City; State; Zip Code KERRVILLE, TX 78029	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LDB CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/118 Rpt: 16/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROACH, DALE	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code MOUNT PLEASANT, TX 75455		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, SAMANTHA	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code SANTA MONICA, CA 90402		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUEHL, JEFF	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code DUNCAN, OK 73533		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUMBAUGH, PHILIP	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code WEST MILTON, OH 45383		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUMBAUGH, PHILIP	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code WEST MILTON, OH 45383		
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: 14/118 Rpt: 17/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUMBAUGH, PHILIP <hr/> 6 Contributor address; City; State; Zip Code WEST MILTON, OH 45383	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNETT, LINDA <hr/> Contributor address; City; State; Zip Code NEW LONDON, NC 28127	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DOUG <hr/> Contributor address; City; State; Zip Code HIDEAWAY, TX 75771	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BZDEL, ANNA <hr/> Contributor address; City; State; Zip Code GARFIELD, NJ 07026	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C., WAI <hr/> Contributor address; City; State; Zip Code BROOKLYN, NY 11215	Amount of Contribution (\$) \$5.00
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: 15/118 Rpt: 18/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALDWELL, JOHN M. <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78735	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMERON Jr., ARTHUR L. <hr/> Contributor address; City; State; Zip Code TYLER, TX 75707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANEZ, DEBORAH <hr/> Contributor address; City; State; Zip Code GOODYEAR, AZ 85338	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) ACCOUNTING		Employer (See Instructions) RESOLUTE
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTEY, EMORY <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLSON, HENRY <hr/> Contributor address; City; State; Zip Code HIBBING, MN 55746	Amount of Contribution (\$) \$5.00
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: 16/118 Rpt: 19/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLSON, HENRY <hr/> 6 Contributor address; City; State; Zip Code HIBBING, MN 55746	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLSON, MARION <hr/> Contributor address; City; State; Zip Code ORMOND BEACH, FL 32174	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLSON, MARY <hr/> Contributor address; City; State; Zip Code MOTLEY, MN 56466	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLTON, C. CRAIG <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78746	Amount of Contribution (\$) \$35,000.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) C C CARLTON INDUSTRIES LTD
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLTON, MARY <hr/> Contributor address; City; State; Zip Code CROSSVILLE, TN 38558	Amount of Contribution (\$) \$15.00
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: 17/118 Rpt: 20/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLTON, STEVEN <hr/> 6 Contributor address; City; State; Zip Code PLYMOUTH, MA 02360	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARSON, DAVID <hr/> Contributor address; City; State; Zip Code LEBANON, OH 45036	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTY, ROY <hr/> Contributor address; City; State; Zip Code VAN, TX 75790	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARUSO, MICHAEL <hr/> Contributor address; City; State; Zip Code GARNER, NC 27529	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASSAPAKIS, CONSTANTINE <hr/> Contributor address; City; State; Zip Code OCEANSIDE, CA 92056	Amount of Contribution (\$) \$25.00
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: 18/118 Rpt: 21/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAUGHLIN, JUDY	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code ARLINGTON, TX 76006		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAUGHLIN, JUDY	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code ARLINGTON, TX 76006		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAVERLY, TOM	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code RED BUD, IL 62278		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTENSEN, MARTIN	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code DELAN, IL 61734		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTNER, HENRY	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code CUMBY, TX 75433		
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: 19/118 Rpt: 22/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CINI, DENNIS <hr/> 6 Contributor address; City; State; Zip Code WILMINGTON, DE 19808	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CISE, GREGORY <hr/> Contributor address; City; State; Zip Code DOWNERS GROVE, IL 60516	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, CHARLES <hr/> Contributor address; City; State; Zip Code WELLINGTON, NV 89444	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEVELAND, ANN <hr/> Contributor address; City; State; Zip Code JUPITER, FL 33477	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, JULIA <hr/> Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$1,000.00
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: 20/118 Rpt: 23/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COATES, VICTORIA <hr/> 6 Contributor address; City; State; Zip Code PHILADELPHIA, PA 19118	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) SENIOR POLICY ADVISOR		9 Employer (See Instructions) DEPT OF ENERGY
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COCHILL, BONNIE <hr/> Contributor address; City; State; Zip Code PARADISE VALLEY, AZ 85253	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLE, MIKE & ARVIDELL <hr/> Contributor address; City; State; Zip Code MOLALLA, OR 97038	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, STEPHANIE <hr/> Contributor address; City; State; Zip Code CEDAR PARK, TX 78613	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLICHIO, DUKE <hr/> Contributor address; City; State; Zip Code BELLPORT, NY 11713	Amount of Contribution (\$) \$5.00
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: 21/118 Rpt: 24/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COMEAU, DAVID <hr/> 6 Contributor address; City; State; Zip Code SOUTHWICK, MA 01077	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONRAD, STUART <hr/> Contributor address; City; State; Zip Code DE SOTO, KS 66018	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONWAY Sr., GERALD A. <hr/> Contributor address; City; State; Zip Code SUMMERFIELD, FL 34491	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COONEY, FRANK <hr/> Contributor address; City; State; Zip Code WIXOM, MI 48393	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) GM
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COPELAND, LOREN W. <hr/> Contributor address; City; State; Zip Code SOUTH BEND, IN 46614	Amount of Contribution (\$) \$10.00
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: 22/118 Rpt: 25/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORRIGAN, EDWARD T. <hr/> 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20015	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) CPI
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COURT REFORM ACTION FOR FAMILIES <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78757	Amount of Contribution (\$) \$100,000.00
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVINGTON, DARLENE <hr/> Contributor address; City; State; Zip Code NEWPORT BEACH, CA 92660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, BILL <hr/> Contributor address; City; State; Zip Code SMITHVILLE, TX 78957	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MGR		Employer (See Instructions) LLC INC
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COZZENS, WILLIAM <hr/> Contributor address; City; State; Zip Code RIDGECREST, CA 93555	Amount of Contribution (\$) \$10.00
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: 23/118 Rpt: 26/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRANE, CURTIS <hr/> 6 Contributor address; City; State; Zip Code EL PASO, TX 79904	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) GUITARIST		9 Employer (See Instructions) KILLDEVIL THEORY
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRESS, WILLIAM <hr/> Contributor address; City; State; Zip Code YUKON, OK 73099	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS, RANKIN <hr/> Contributor address; City; State; Zip Code NACOGDOCHES, TX 75965	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CZARNEC, JEFF <hr/> Contributor address; City; State; Zip Code MANCHESTER, NH 03109	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DALLAS, BRUCE <hr/> Contributor address; City; State; Zip Code MURPHYSBORO, IL 62966	Amount of Contribution (\$) \$10.00
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: 24/118 Rpt: 27/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAMICO, DELORES <hr/> 6 Contributor address; City; State; Zip Code SILVER LAKE, OH 44224	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DASPIT, PAUL <hr/> Contributor address; City; State; Zip Code SAN DIEGO, CA 92106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID, MR. <hr/> Contributor address; City; State; Zip Code COMFORT, TX 78013	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID, MR. <hr/> Contributor address; City; State; Zip Code COMFORT, TX 78013	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID CHARLAND, DAVID <hr/> Contributor address; City; State; Zip Code FORT LAUDERDALE, FL 33322	Amount of Contribution (\$) \$20.00
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: 25/118 Rpt: 28/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, KENNETH <hr/> 6 Contributor address; City; State; Zip Code PALMETTO, FL 34221	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, KENNETH <hr/> Contributor address; City; State; Zip Code SUN CITY WEST, AZ 85375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE JESUS, JULIO <hr/> Contributor address; City; State; Zip Code LAS VEGAS, NV 89144	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE MEY, DONNA <hr/> Contributor address; City; State; Zip Code PLYMOUTH, WI 53073	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE MORA, FRANCISCO <hr/> Contributor address; City; State; Zip Code NEWHALL, CA 91321	Amount of Contribution (\$) \$100.00
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: 26/118 Rpt: 29/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEEB, MARY JO DEEB <hr/> 6 Contributor address; City; State; Zip Code RICHMOND, VA 23220	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELISI, DEIRDRE <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) DELISI COMMUNICATIONS
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENIKE, DAVID <hr/> Contributor address; City; State; Zip Code CHARLOTTE, MI 48813	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DESANCTIS, THEODORE <hr/> Contributor address; City; State; Zip Code BRIER, WA 98036	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DICKINSON, CURTIS <hr/> Contributor address; City; State; Zip Code WOODSTOCK, GA 30188	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) THE DICKINSON LAW FIRM, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/118 Rpt: 30/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DINAPOLI, JOHN <hr/> 6 Contributor address; City; State; Zip Code FORT MOHAVE, AZ 86426	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIXON, GEORGE <hr/> Contributor address; City; State; Zip Code BALTIMORE, MD 21211	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) GROUND MAINTENANCE		Employer (See Instructions) EAGLES NEST GOLF &C.C.
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOCKERY, KEN <hr/> Contributor address; City; State; Zip Code SPRING BRANCH, TX 78070	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOMINEY, CLIFFORD <hr/> Contributor address; City; State; Zip Code ALVIN, TX 77511	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOWD, RICK <hr/> Contributor address; City; State; Zip Code BELLEVILLE, IL 62221	Amount of Contribution (\$) \$5.00
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: 28/118 Rpt: 31/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUPUY, TREVOR <hr/> 6 Contributor address; City; State; Zip Code HORSESHOE BAY, TX 78657	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EAST, EDDIE <hr/> Contributor address; City; State; Zip Code CELINA, TX 75009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EBERHARDT, GINNY <hr/> Contributor address; City; State; Zip Code TACOMA, WA 98465	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, COLETTE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, JAMES O. <hr/> Contributor address; City; State; Zip Code FALLS CHURCH, VA 22043	Amount of Contribution (\$) \$25.00
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: 29/118 Rpt: 32/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EICHELBERGER, DANIEL <hr/> 6 Contributor address; City; State; Zip Code WESTOVER, MD 21871	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EICHELBERGER, DANIEL <hr/> Contributor address; City; State; Zip Code WESTOVER, MD 21871	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EISENHOWER, JERRY <hr/> Contributor address; City; State; Zip Code GERMANTOWN, MD 20874	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLINGBOE, SHIRLEY <hr/> Contributor address; City; State; Zip Code HUDSON, WI 54016	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, CLARK <hr/> Contributor address; City; State; Zip Code GUTHRIE, OK 73044	Amount of Contribution (\$) \$5.00
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: 30/118 Rpt: 33/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, DONNA F.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code CARROLLTON, TX 75007	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENG, VERONICA	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code PLEASANTON, CA 94588	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENKJER, ELIZABETH	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code ENGLEWOOD, CO 80111	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENKJER, ELIZABETH	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code ENGLEWOOD, CO 80111	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENOS, KEN	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code LEWISVILLE, TX 75067	
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/118 Rpt: 34/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EYEINGTON, JAMES E.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code BLANCO, TX 78606	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FANNIN, WILLIAM	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code PIKEVILLE, KY 41501	
Principal occupation / Job title (See Instructions) PHYSICIAN, MEDICAL DIRECTOR		Employer (See Instructions) EDGEWATER RECOVERY CENTER, LLC
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAULSTICH, MARGARET F.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code WEATHERFORD, TX 76086	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FELLNER, PHIL	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code STURTEVANT, WI 53177	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FENKL, CURT	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code JOHNSON CITY, NY 13790	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/118 Rpt: 35/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERRELL, MARJORIE <hr/> 6 Contributor address; City; State; Zip Code HIDEAWAY, TX 75771	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FISHER, KENNETH L. <hr/> Contributor address; City; State; Zip Code PLANO, TX 75093	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) EXECUTIVE CHAIRMAN		Employer (See Instructions) FISHER INVESTMENTS
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLAHIVE, VERNA <hr/> Contributor address; City; State; Zip Code BLUE RIDGE, TX 75424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLEMING, JOANN S. <hr/> Contributor address; City; State; Zip Code FLINT, TX 75762	Amount of Contribution (\$) \$525.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLETCHER, DAVID <hr/> Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$5.00
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: 33/118 Rpt: 36/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLOYD, KENNETH A. <hr/> 6 Contributor address; City; State; Zip Code COMFORT, TX 78013	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) OIL AND GAS LANDMAN		9 Employer (See Instructions) SELF-EMPLOYED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLYNN, EVELYN <hr/> Contributor address; City; State; Zip Code DALTON, NH 03598	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORBES, JOAN <hr/> Contributor address; City; State; Zip Code BUTLER, NJ 07405	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORSYTH, PATRICE <hr/> Contributor address; City; State; Zip Code NOCONA, TX 76255	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKLIN, CRAIG <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76126	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/118 Rpt: 37/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREEMAN, PHIL <hr/> 6 Contributor address; City; State; Zip Code AUBURN, WA 98092	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRENCH, CATHERINE <hr/> Contributor address; City; State; Zip Code MUSKEGO, WI 53150	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABRIEL, MARK <hr/> Contributor address; City; State; Zip Code APPLETON, WI 54915	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BUSINESS CARD SALES		Employer (See Instructions) SALELYTICS
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALE, ELIZABETH J <hr/> Contributor address; City; State; Zip Code RICHMOND, KY 40475	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALYEAN, JAMES D. <hr/> Contributor address; City; State; Zip Code ANDERSON, SC 29621	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/118 Rpt: 38/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAMMILL, WILLIAM <hr/> 6 Contributor address; City; State; Zip Code MCKINNEY, TX 75070	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) MINISTER		9 Employer (See Instructions) BILL GAMMILL MINISTRIES
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAMMILL, WILLIAM <hr/> Contributor address; City; State; Zip Code MCKINNEY, TX 75070	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) MINISTER		Employer (See Instructions) BILL GAMMILL MINISTRIES
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GATTI, JAN <hr/> Contributor address; City; State; Zip Code ERIE, PA 16509	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEEL, KENNETH <hr/> Contributor address; City; State; Zip Code COLUMBIA, MO 65203	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEMIGNANI, NORMAN <hr/> Contributor address; City; State; Zip Code INDIAN LAND, SC 29707	Amount of Contribution (\$) \$4.00
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: 36/118 Rpt: 39/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERHARDT, ALLEN	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code NEW LONDON, TX 75682		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIDDENS, MARTIN	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code LAKE WALES, FL 33859		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIUNTA, STEPHEN	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code MIDDLETOWN, RI 02842		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLAZE, FRANCES	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78259		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLDBERG, JACOBO	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code HOUSTON, TX 77027		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) PEDIATRICS OF SW HOUSTON

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/118 Rpt: 40/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLDBERG, JACOBO <hr/> 6 Contributor address; City; State; Zip Code HOUSTON, TX 77027	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) PEDIATRICS OF SW HOUSTON
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOMPF, GAIL <hr/> Contributor address; City; State; Zip Code LYMAN, SC 29365	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) TRAVEL INDUSTRY SALES		Employer (See Instructions) SELF LLC
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ROBERT <hr/> Contributor address; City; State; Zip Code MONONA, WI 53716	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) ATTY		Employer (See Instructions) C.G.E.M.
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORDON, CHRISTY <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORE, TRINA <hr/> Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$25.00
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: 38/118 Rpt: 41/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAFING, LYNDA	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code ROCK RAPIDS, IA 51246		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAHAM, DONNA	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code PLACENTIA, CA 92870		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAHAM, SUSAN	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code LITTLE SWITZERLAND, NC 28749		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANGER, CHERYL	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code YUCAIPA, CA 92399		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRASSO, DIANE	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code HUNTINGTN STA, NY 11746		
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: 39/118 Rpt: 42/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAYSON, DOROTHY	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78217		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRECO, DENISE	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code HELOTES, TX 78023		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, BAARBARA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code SHREWSBURY, MA 01545		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, RONALD	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code SAFFORD, AZ 85546		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREENBAUM, CLAIRE	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code WOODLAND, WA 98674		
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: 40/118 Rpt: 43/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREENWOOD, ROY <hr/> 6 Contributor address; City; State; Zip Code WASHINGTON ISLAND, WI 54246	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIESENBECK, KEN <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIEVE, RICHARD <hr/> Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85250	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFITH, ROBERT <hr/> Contributor address; City; State; Zip Code HAMMOND, IN 46324	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) SALES AGENT		Employer (See Instructions) SELF-EMPLOYED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GROSWALD, DOUGLAS <hr/> Contributor address; City; State; Zip Code CARMEL, IN 46032	Amount of Contribution (\$) \$5.00
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: 41/118 Rpt: 44/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULBRANSEN, GARY	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code SANTA BARBARA, CA 93108		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HABAKUS, RONALD	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code LINCROFT, NJ 07738		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) LORDS VALLEY SELF STORAGE
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAGOOD, MARK R.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code FORT WORTH, TX 76135		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAIR, MILDRED R.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code EVERETT, WA 98201		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALE, BILLY E.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code HOUSTON, TX 77031		
Principal occupation / Job title (See Instructions) INVESTMENT BUILDER		Employer (See Instructions) RUBE HOLDINGS, LTD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/118 Rpt: 45/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, DEBRA J <hr/> 6 Contributor address; City; State; Zip Code BREMERTON, WA 98312	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, JEFFREY <hr/> Contributor address; City; State; Zip Code WEST MIFFLIN, PA 15122	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, STEPHEN <hr/> Contributor address; City; State; Zip Code APOPKA, FL 32712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALPAPE, KIMBERLY <hr/> Contributor address; City; State; Zip Code LITTLETON, CO 80126	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSON, GALE <hr/> Contributor address; City; State; Zip Code OMAHA, NE 68135	Amount of Contribution (\$) \$50.00
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: 43/118 Rpt: 46/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANSON, JANIS <hr/> 6 Contributor address; City; State; Zip Code WEST FARGO, ND 58078	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRELL, CHRISTOPHER <hr/> Contributor address; City; State; Zip Code BRYAN, TX 77802	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MARKETING & COMMUNICATIONS		Employer (See Instructions) TEXAS A&M
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, BEN <hr/> Contributor address; City; State; Zip Code GREENWOOD, MS 38930	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, CAROL <hr/> Contributor address; City; State; Zip Code DEER PARK, TX 77536	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, WILLIAM <hr/> Contributor address; City; State; Zip Code MIAMI, FL 33129	Amount of Contribution (\$) \$50.00
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: 44/118 Rpt: 47/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARVEY, RICHARD <hr/> 6 Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HASTINGS, RIC <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAZELTON, RAY <hr/> Contributor address; City; State; Zip Code BIG BEAR CITY, CA 92314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HECK, RICKL <hr/> Contributor address; City; State; Zip Code TERREBONNE, OR 97760	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDERSON, DAVID <hr/> Contributor address; City; State; Zip Code SPICEWOOD, TX 78669	Amount of Contribution (\$) \$25.00
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: 45/118 Rpt: 48/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICKSON, BRETT <hr/> 6 Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092	7 Amount of Contribution (\$) \$30,000.00
8 Principal occupation / Job title (See Instructions) PORTFOLIO MANAGER		9 Employer (See Instructions) NOKOMIS CAPITAL LLC
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENRY, KAREN J <hr/> Contributor address; City; State; Zip Code SCHUYLER, NE 68661	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERBERG, STEVEN <hr/> Contributor address; City; State; Zip Code PLATTSBURGH, NY 12901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERRIN, TAMMY <hr/> Contributor address; City; State; Zip Code BEDFORD, TX 76021	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) TAX COUNSEL		Employer (See Instructions) EXXONMOBIL
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILDEBRAND, EDDIE <hr/> Contributor address; City; State; Zip Code HEREFORD, PA 18056	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) TECHNICIAN		Employer (See Instructions) FRESCO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/118 Rpt: 49/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILDEBRAND, EDDIE	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code HEREFORD, PA 18056		
8 Principal occupation / Job title (See Instructions) TECHNICIAN		9 Employer (See Instructions) FRESCO
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILFERTY, JOHN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code STAFFORD TOWNSHIP, NJ 08050		
Principal occupation / Job title (See Instructions) LANDSCAPER		Employer (See Instructions) OCEAN LAWN CARE
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, BARBARA	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code CAPE GIRARDEAU, MO 63701		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, JUDY	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code MATHIS, TX 78368		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLS, ANTOINETTE	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code BROOMFIELD, CO 80023		
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: 47/118 Rpt: 50/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOAGLAND, DORTHEA <hr/> 6 Contributor address; City; State; Zip Code UNIVERSITY PLACE, WA 98467	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOFFMAN, BEVERLY D <hr/> Contributor address; City; State; Zip Code YARMOUTH, ME 04096	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOFFMAN, JUDITH <hr/> Contributor address; City; State; Zip Code HARTSDALE, NE 10530	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MARKETING		Employer (See Instructions) NAT'L COLL MINT
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOFFMAN, MARK <hr/> Contributor address; City; State; Zip Code SONOMA, CA 95476	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLIDAY, KATHLEEN <hr/> Contributor address; City; State; Zip Code ARBOLES, CO 81121	Amount of Contribution (\$) \$2.00
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: 48/118 Rpt: 51/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOPER, JIM <hr/> 6 Contributor address; City; State; Zip Code UPLAND, CA 91784	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORNE, JAMES <hr/> Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORVATH, KATHY <hr/> Contributor address; City; State; Zip Code BROOKFIELD, WI 53045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDNALL, RICARD <hr/> Contributor address; City; State; Zip Code EAST PEORIA, IL 61611	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) QUALITY CONTROL		Employer (See Instructions) BOLEY TOOL MACHINE WORKS INC
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, JON <hr/> Contributor address; City; State; Zip Code EL CAJON, CA 92020	Amount of Contribution (\$) \$10.00
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: 49/118 Rpt: 52/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUM PHRIES, ART <hr/> 6 Contributor address; City; State; Zip Code BOERNE, TX 78006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNT, RON <hr/> Contributor address; City; State; Zip Code VERMONTVILLE, MI 49096	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, M C <hr/> Contributor address; City; State; Zip Code ENGLEWOOD, CO 80113	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER, STEPHEN <hr/> Contributor address; City; State; Zip Code WILSONVILLE, OR 97070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INZERILLO, MARILYN <hr/> Contributor address; City; State; Zip Code VANCOUVER, WA 98662	Amount of Contribution (\$) \$10.00
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: 50/118 Rpt: 53/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISENHOWER, DAN <hr/> 6 Contributor address; City; State; Zip Code ROUND ROCK, TX 78681	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACOBSON, BARBARA <hr/> Contributor address; City; State; Zip Code HEBRON, KY 41048	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAYARATHNA, LALEENDRA <hr/> Contributor address; City; State; Zip Code FLOWER MOUND, TX 75022	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ANALYST		Employer (See Instructions) SELF EMPLOYED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFERY, ROGER <hr/> Contributor address; City; State; Zip Code SPRING, TX 77389	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERETZKY, SHARON <hr/> Contributor address; City; State; Zip Code ANACORTES, WA 98221	Amount of Contribution (\$) \$10.00
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: 51/118 Rpt: 54/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, EDWARD A <hr/> 6 Contributor address; City; State; Zip Code STATEN ISLAND, NY 10312	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, GREGORY <hr/> Contributor address; City; State; Zip Code SAMMAMISH, WA 98075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, MALCOLM <hr/> Contributor address; City; State; Zip Code RICHMOND, TX 77406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, ROSE <hr/> Contributor address; City; State; Zip Code SHERIDAN, WY 82801	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, DAVID <hr/> Contributor address; City; State; Zip Code AUBREY, TX 76227	Amount of Contribution (\$) \$10.00
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: 52/118 Rpt: 55/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, HOWARD	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code GROVE CITY, OH 43123		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, HOWARD	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code GROVE CITY, OH 43123		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, SUSAN	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code ENDICOTT, NY 13760		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORDAN, PAUL	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code KIMBERLY, ID 83341		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE, MICHAEL	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code AUGUSTA, ME 04330		
Principal occupation / Job title (See Instructions) LAB TECHNICIAN		Employer (See Instructions) TEXTECH INDUSTRIES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/118 Rpt: 56/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOYCE, BRENDA <hr/> 6 Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85262	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RANCHER		9 Employer (See Instructions) SELF
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSTICE, MADELEINE <hr/> Contributor address; City; State; Zip Code FOSTER CITY, CA 94404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) INTLIMMUNODIAGNOSTICS
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASPARECK, MARION <hr/> Contributor address; City; State; Zip Code LAVALLETTE, NJ 08735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEITHLY, CHERYL <hr/> Contributor address; City; State; Zip Code YUMA, AZ 85364	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLUM, ANNE <hr/> Contributor address; City; State; Zip Code CLERMONT, FL 34715	Amount of Contribution (\$) \$5.00
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: 54/118 Rpt: 57/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY, DAVID <hr/> 6 Contributor address; City; State; Zip Code NORTH SALT LAKE, UT 84054	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) HEALTH INSURANCE		9 Employer (See Instructions) SELF
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERR, NELSON AND KIM <hr/> Contributor address; City; State; Zip Code TITUSVILLE, FL 32780	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERWIN, JODY <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78737	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) DUBOIS, BRYANT & CAMPBELL, LLP
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEY, KARL <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHANKHANIAN, FARNAZ <hr/> Contributor address; City; State; Zip Code CARSON CITY, NV 89703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) OPTOMETRIST		Employer (See Instructions) EAGLE VISION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/118 Rpt: 58/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHANKHANIAN, NAYEREH <hr/> 6 Contributor address; City; State; Zip Code BEVERLY HILLS, CA 90211	7 Amount of Contribution (\$) \$126.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLEKAR, CLARENCE <hr/> Contributor address; City; State; Zip Code LULING, TX 78648	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLOBNAK, CATHY <hr/> Contributor address; City; State; Zip Code LORIMOR, IA 50149	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNIPPA, BRADLEY S. <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78746	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) LAWYER/CPA		Employer (See Instructions) JACKSON WALKER, LLP
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOLL, RON <hr/> Contributor address; City; State; Zip Code ALGONQUIN, IL 60102	Amount of Contribution (\$) \$5.00
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: 56/118 Rpt: 59/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOLL, RON	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code ALGONQUIN, IL 60102		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00236489) KOCH INDUSTRIES, INC. PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code WASHINGTON, DC 20005		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRAMER, LON	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code WINCHESTER, VA 22602		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KREMER, JEANNE	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code SHAWNEE, KS 66216		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUDLACH, JOHN	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code SAINT CHARLES, IL 60175		
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: 57/118 Rpt: 60/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUERNER, ROBERT <hr/> 6 Contributor address; City; State; Zip Code LAKE HAVASU CITY, AZ 86406	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KULP, LOUISE <hr/> Contributor address; City; State; Zip Code ELIZABETHTOWN, NC 28337	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUNTZ, DANA <hr/> Contributor address; City; State; Zip Code PINETOP, AZ 85935	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACY, VIRGINIA L. <hr/> Contributor address; City; State; Zip Code CHISAGO CITY, MN 55013	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKEY, DAVID <hr/> Contributor address; City; State; Zip Code NIXON, TX 78140	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SALES ASSOCIATE		Employer (See Instructions) HOME DEPOT SEGUIN, TX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/118 Rpt: 61/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LALANI, MUNIR <hr/> 6 Contributor address; City; State; Zip Code WACO, TX 76702	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) HOSPITALITY		9 Employer (See Instructions) LALANI LODGING INC.
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAMBERT, BARBARA <hr/> Contributor address; City; State; Zip Code ELKTON, MD 21921	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAMBERT, JOYCE <hr/> Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANTZ, ALLEN <hr/> Contributor address; City; State; Zip Code MAPLE VALLEY, WA 98038	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) COMPUTER PGMR		Employer (See Instructions) COSTCO
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANTZ, ALLEN <hr/> Contributor address; City; State; Zip Code MAPLE VALLEY, WA 98038	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) COMPUTER PGMR		Employer (See Instructions) COSTCO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/118 Rpt: 62/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LATERRA, CARMINE AKA CARMELO <hr/> 6 Contributor address; City; State; Zip Code ROTONDA WEST, FL 33947	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LATTERELL, DIANE <hr/> Contributor address; City; State; Zip Code BOONE, IA 50036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAZARR, STEVEN <hr/> Contributor address; City; State; Zip Code COSTA MESA, CA 92627	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LE, LENNEX <hr/> Contributor address; City; State; Zip Code LAVON, TX 75166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TRUCK DRIVER		Employer (See Instructions) LENNEXLE LLC
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMMON, DAVID <hr/> Contributor address; City; State; Zip Code SANTA CRUZ, CA 95060	Amount of Contribution (\$) \$25.00
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: 60/118 Rpt: 63/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD, JIM <hr/> 6 Contributor address; City; State; Zip Code WILLIAMSBURG, VA 23188	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD, KELLY <hr/> Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEROY, CHRIS <hr/> Contributor address; City; State; Zip Code GREEN BAY, WI 54311	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESO, PAMELA <hr/> Contributor address; City; State; Zip Code ESCONDIDO, CA 92027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) DISTRIBUTOR		Employer (See Instructions) SELF
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESSICK, CHARLES <hr/> Contributor address; City; State; Zip Code ANAHEIM, CA 92808	Amount of Contribution (\$) \$5.00
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: 61/118 Rpt: 64/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BENJAMIN <hr/> 6 Contributor address; City; State; Zip Code STEVENSVILLE, MT 59870	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) INDEPENDENT CONTRACTOR		9 Employer (See Instructions) APPLIED SOLUTIONS LLC
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, KERRY <hr/> Contributor address; City; State; Zip Code BUDA, TX 78610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AFJROTC INSTRUCTOR		Employer (See Instructions) AUSTIN ISD
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEYSHON, DAVID W. <hr/> Contributor address; City; State; Zip Code WEST CHESTER, PA 19380	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SHELF STOCKER		Employer (See Instructions) WAL MART
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEYSHON, DAVID W. <hr/> Contributor address; City; State; Zip Code WEST CHESTER, PA 19380	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) SHELF STOCKER		Employer (See Instructions) WAL MART
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEYSHON, DAVID W. <hr/> Contributor address; City; State; Zip Code WEST CHESTER, PA 19380	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) SHELF STOCKER		Employer (See Instructions) WAL MART

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/118 Rpt: 65/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIGGERA, JAMES <hr/> 6 Contributor address; City; State; Zip Code RESEDA, CA 91335	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINN, ROBERT <hr/> Contributor address; City; State; Zip Code GUTHRIE, OK 73044	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) TECH		Employer (See Instructions) RLS
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORENZ, ALONAH <hr/> Contributor address; City; State; Zip Code BENSON, MN 56215	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUEDEKE, SANDRA L. <hr/> Contributor address; City; State; Zip Code GREENWOOD, WI 54437	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSBY, NANCY <hr/> Contributor address; City; State; Zip Code MARTINSBURG, WV 25403	Amount of Contribution (\$) \$5.00
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: 63/118 Rpt: 66/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUSBY, NANCY <hr/> 6 Contributor address; City; State; Zip Code MARTINSBURG, WV 25403	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNCH, ROBERT AND MARGARET <hr/> Contributor address; City; State; Zip Code TAYLORS, SC 29687	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACDOWELL, RICHARD <hr/> Contributor address; City; State; Zip Code BASKING RIDGE, NJ 07920	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACK, TOBY <hr/> Contributor address; City; State; Zip Code SACRAMENTO, CA 95827	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACKEY, JAMES <hr/> Contributor address; City; State; Zip Code PROSSER, WA 99350	Amount of Contribution (\$) \$100.00
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: 64/118 Rpt: 67/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADDEN, BRYAN <hr/> 6 Contributor address; City; State; Zip Code LEES SUMMIT, MO 64082	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) DEIVER		9 Employer (See Instructions) GFL
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADDUX, CHAREE <hr/> Contributor address; City; State; Zip Code CINCINNATI, OH 45233	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAHONY, LOUIS <hr/> Contributor address; City; State; Zip Code ORANGE, CA 92867	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> Contributor address; City; State; Zip Code CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> Contributor address; City; State; Zip Code CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
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: 65/118 Rpt: 68/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> 6 Contributor address; City; State; Zip Code CLAWSON, MI 48017	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> Contributor address; City; State; Zip Code CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> Contributor address; City; State; Zip Code CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> Contributor address; City; State; Zip Code CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> Contributor address; City; State; Zip Code CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
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: 66/118 Rpt: 69/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code CLAWSON, MI 48017		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code CLAWSON, MI 48017		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code CLAWSON, MI 48017		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code CLAWSON, MI 48017		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code CLAWSON, MI 48017		
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: 67/118 Rpt: 70/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> 6 Contributor address; City; State; Zip Code CLAWSON, MI 48017	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> Contributor address; City; State; Zip Code CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> Contributor address; City; State; Zip Code CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAKOWSKI, BRUCE <hr/> Contributor address; City; State; Zip Code CLAWSON, MI 48017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, SANDRA <hr/> Contributor address; City; State; Zip Code FORT LAUDERDALE, FL 33315	Amount of Contribution (\$) \$25.00
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: 68/118 Rpt: 71/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANDELL, ROBERT <hr/> 6 Contributor address; City; State; Zip Code READING, MA 01867	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) DENTIST		9 Employer (See Instructions) SELF
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARKS, DAVID <hr/> Contributor address; City; State; Zip Code TULSA, OK 74105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAROTTA, THOMAS <hr/> Contributor address; City; State; Zip Code SARATOGA SPRINGS, NY 12866	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARSHALL Jr., E PIERCE <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75230	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) MAROPCO
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARULLO, PATRICIA <hr/> Contributor address; City; State; Zip Code AUBURN, NY 13021	Amount of Contribution (\$) \$10.00
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: 69/118 Rpt: 72/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MASIELLO, JO ANN <hr/> 6 Contributor address; City; State; Zip Code NICEVILLE, FL 32578	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MASTERS, RON W. <hr/> Contributor address; City; State; Zip Code DICKINSON, TX 77539	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTINGLY-CLOUSE, TERESAA <hr/> Contributor address; City; State; Zip Code ABILENE, TX 79605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAULDIN, KAREN <hr/> Contributor address; City; State; Zip Code PLANO, TX 75074	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAXWELL, ERIC <hr/> Contributor address; City; State; Zip Code BALTIMORE, MD 21222	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) HOME BASES BEHAVIORAL THERAPY		Employer (See Instructions) B.S.F.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/118 Rpt: 73/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAY, ANNE <hr/> 6 Contributor address; City; State; Zip Code GAITHERSBURG, MD 20877	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYOR, DANA <hr/> Contributor address; City; State; Zip Code TEXAS CITY, TX 77590	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MC GRAW, JUDY <hr/> Contributor address; City; State; Zip Code GRANTS PASS, OR 97526	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCBRIDE, HERMAN <hr/> Contributor address; City; State; Zip Code JACKSON CENTER, OH 45334	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SHELBY
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCANN, PAULETTE <hr/> Contributor address; City; State; Zip Code ARROYO GRANDE, CA 93420	Amount of Contribution (\$) \$35.00
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: 71/118 Rpt: 74/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCORMICK, GEORGE ROBERT <hr/> 6 Contributor address; City; State; Zip Code PAHRUMP, NV 89048	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCRAY, GREG <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78749	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCRAY, GREG <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCELFRESH, JUDY <hr/> Contributor address; City; State; Zip Code SAN JOSE, CA 95127	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGONIGLE, ROBERT <hr/> Contributor address; City; State; Zip Code MILFORD, CT 06460	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/118 Rpt: 75/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCINALLY, JOHN	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85258		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCLAIN, TED	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code MALAKOFF, TX 75148		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCMILLAN, SCOTT	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code TEMPLETON, CA 93465		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNALLY, DEBORAH	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code THURMOND, NC 28683		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCSHEA, MICHAEL	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code PRESCOTT, AZ 86301		
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: 73/118 Rpt: 76/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEAD, STEVEN	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code OAK RIDGE, TN 37830		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MECHANIC, MIKE	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code SONORA, CA 95370		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENALDO, ANNE	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code PEACHTREE CITY, GA 30269		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENARD, RICHARD	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code REX, GA 30273		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDOZA, IMELDA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code WINNETKA, CA 91306		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/118 Rpt: 77/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENEGHELLI, CECILE <hr/> 6 Contributor address; City; State; Zip Code SAN MATEO, CA 94404	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERRICK, SUSAN <hr/> Contributor address; City; State; Zip Code CEDAR PARK, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MESECK, GARY <hr/> Contributor address; City; State; Zip Code BANDERA, TX 78003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEYER, EDWARD <hr/> Contributor address; City; State; Zip Code LLANO, TX 78643	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICARI, VINCE <hr/> Contributor address; City; State; Zip Code SKOKIE, IL 60076	Amount of Contribution (\$) \$10.00
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: 75/118 Rpt: 78/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICARI, VINCE <hr/> 6 Contributor address; City; State; Zip Code SKOKIE, IL 60076	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILAM, JAMES <hr/> Contributor address; City; State; Zip Code MC GREGOR, TX 76657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, GERALD <hr/> Contributor address; City; State; Zip Code LA PLATA, MD 20646	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JASON <hr/> Contributor address; City; State; Zip Code WEST BEND, WI 53095	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) A-1 POOLS
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, LISA MARET <hr/> Contributor address; City; State; Zip Code ARLINGTON, VA 22205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) INSURANCE		Employer (See Instructions) LISA MILLER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/118 Rpt: 79/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, PHYLLIS <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) DESIGNER		9 Employer (See Instructions) SPS DESIGNS
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, R. <hr/> Contributor address; City; State; Zip Code RICHARDSON, TX 75082	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A-BELOW THRESHOLD		Employer (See Instructions) N/A-BELOW THRESHOLD
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITZNER, IRA <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77010	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RIDA DEVELOPMENT CORPORATION
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOLE, RON <hr/> Contributor address; City; State; Zip Code GARLAND, TX 75049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, STONEY <hr/> Contributor address; City; State; Zip Code JACKSONVILLE BEACH, FL 32250	Amount of Contribution (\$) \$10.00
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: 77/118 Rpt: 80/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOONEY, STEVE <hr/> 6 Contributor address; City; State; Zip Code EMERYVILLE, CA 94662	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, ROBERT <hr/> Contributor address; City; State; Zip Code CAT SPRING, TX 78933	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORWOOD, CHARLES <hr/> Contributor address; City; State; Zip Code LIVINGSTON, TX 77399	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) KEYSIGHT TECHNOLOGIES
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORA, MANUEL <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78265	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SECURITY ASSISTANT		Employer (See Instructions) DEPARTMENT OF DEFENSE
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORA, ROBERT <hr/> Contributor address; City; State; Zip Code FERNANDINA BEACH, FL 32034	Amount of Contribution (\$) \$10.00
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: 78/118 Rpt: 81/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, LU <hr/> 6 Contributor address; City; State; Zip Code COPPERAS COVE, TX 76522	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOSKOWITZ, HAROLD <hr/> Contributor address; City; State; Zip Code NORTHPORT, NY 11768	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOSMAN, PAUL <hr/> Contributor address; City; State; Zip Code ROCHESTER, NY 14624	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUDALIAR, NAVEEN <hr/> Contributor address; City; State; Zip Code PROSPER, TX 75078	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) CHARLES SCHWAB
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUELLER SMITH, MARY <hr/> Contributor address; City; State; Zip Code BALLINGER, TX 76821	Amount of Contribution (\$) \$10.00
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: 79/118 Rpt: 82/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUNSON, MARGARET <hr/> 6 Contributor address; City; State; Zip Code FORT WAYNE, IN 46845	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURNINGHAM, PATRICIA <hr/> Contributor address; City; State; Zip Code CONOVER, NC 28613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURPHY, PAUL <hr/> Contributor address; City; State; Zip Code SAINT PETERSBURG, FL 33707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) BAY PINES VA HOSPITAL
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURRAY, KATHY L <hr/> Contributor address; City; State; Zip Code GILBERTSVILLE, PA 19525	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAGY, ANDREW A <hr/> Contributor address; City; State; Zip Code FORT WAYNE, IN 46825	Amount of Contribution (\$) \$25.00
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: 80/118 Rpt: 83/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEDERHOUSER, CARY	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code KAILUA, HI 96734		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEERMAN, JONATHAN	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code DALLAS, TX 75201		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) JACKSON WALKER
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEILY, NICOLE	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code ARLINGTON, VA 22207		
Principal occupation / Job title (See Instructions) NONPROFIT EXECUTIVE		Employer (See Instructions) PARENTS DEFENDING EDUCATION
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NETKIN, HAROLD	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code PHOENIX, AZ 85029		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWLAND, SARAH	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code YUMA, AZ 85367		
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: 81/118 Rpt: 84/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIEMANN, NANCY <hr/> 6 Contributor address; City; State; Zip Code MORRIS PLAINS, NJ 07950	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOLAND, BILLY R. <hr/> Contributor address; City; State; Zip Code FREDERICK, MD 21702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORRIS, ROGER <hr/> Contributor address; City; State; Zip Code PLYMOUTH, IN 46563	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUGENT, JEFF <hr/> Contributor address; City; State; Zip Code ALGONAC, MI 48001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) FABRICATOR		Employer (See Instructions) INVIO
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLSHEFSKY, FRANK <hr/> Contributor address; City; State; Zip Code SCHENECTADY, NY 12306	Amount of Contribution (\$) \$50.00
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: 82/118 Rpt: 85/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OPDYCKE, NICOLA <hr/> 6 Contributor address; City; State; Zip Code NAPLES, FL 34105	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORMOND, CURT <hr/> Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80907	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTEGA, RENE <hr/> Contributor address; City; State; Zip Code WESLACO, TX 78596	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) VANGUARD ACADEMY
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSBORNE, CHARLES <hr/> Contributor address; City; State; Zip Code BELLEVILLE, NJ 07109	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSTERMEYER, DAVID C. <hr/> Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85262	Amount of Contribution (\$) \$100.00
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: 83/118 Rpt: 86/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTT, SHARON	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code HOUSTON, TX 77084		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWEN, KATHY	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code JAYTON, TX 79528		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWEN III, JAMES P.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code RANDLEMAN, NC 27317		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADGETT, DIANNE	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code HOUSTON, TX 77005		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALERMO, MARGARET	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code FRACKVILLE, PA 17931		
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: 84/118 Rpt: 87/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PANTOJA, PONCIANO <hr/> 6 Contributor address; City; State; Zip Code LORAIN, TX 79532	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTERSON, MARCIA <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEARSON, JANICE <hr/> Contributor address; City; State; Zip Code GOSHEN, IN 46528	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERRITTE, JOHN <hr/> Contributor address; City; State; Zip Code MISSOURI CITY, TX 77459	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) PERRITTE INSURANCE
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETRIE, CYNTHIA A. <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75248	Amount of Contribution (\$) \$25.00
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: 85/118 Rpt: 88/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, ROBRT <hr/> 6 Contributor address; City; State; Zip Code BULVERDE, TX 78163	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, SHERRY <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIEK Jr., ALEXANDER <hr/> Contributor address; City; State; Zip Code NEW LENOX, IL 60451	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PILLAR, JAN <hr/> Contributor address; City; State; Zip Code MARIETTA, GA 30062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PILNOCK, MARIE <hr/> Contributor address; City; State; Zip Code SOUTH BEND, IN 46617	Amount of Contribution (\$) \$5.00
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: 86/118 Rpt: 89/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIPER KIMBALL, ALLISON R. <hr/> 6 Contributor address; City; State; Zip Code BELLAIRE, TX 77401	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) CONSULTANT /INVESTOR		9 Employer (See Instructions) SELF EMPLOYED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PITCH, MARION <hr/> Contributor address; City; State; Zip Code WAIALUA, HI 96791	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIZZICA, FRANK <hr/> Contributor address; City; State; Zip Code SAINT PETERSBURG, FL 33701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PLOSS, HARRY <hr/> Contributor address; City; State; Zip Code ADDISON, TX 75001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POMA, GENE <hr/> Contributor address; City; State; Zip Code REDLANDS, CA 92374	Amount of Contribution (\$) \$25.00
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: 87/118 Rpt: 90/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POWELL, WALT <hr/> 6 Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRATER, JANET <hr/> Contributor address; City; State; Zip Code BURLESON, TX 76028	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRATT, GAIL <hr/> Contributor address; City; State; Zip Code EAGLE, NE 68347	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, CARLA <hr/> Contributor address; City; State; Zip Code EVANSTON, IL 60202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, PAUL <hr/> Contributor address; City; State; Zip Code LEXINGTON, TX 78947	Amount of Contribution (\$) \$25.00
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: 88/118 Rpt: 91/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, TRACY <hr/> 6 Contributor address; City; State; Zip Code FAIRFAX STATION, VA 22039	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PURCHASING LLC, STONEBRIDGE <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions) CONTROLLER		Employer (See Instructions) STONEBRIDGE PURCHASING LLC
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PUTNAM, WILMA JOY <hr/> Contributor address; City; State; Zip Code GEORGETOWN, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REGINA, JOSEPH <hr/> Contributor address; City; State; Zip Code MISSOURI CITY, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RHOADS, SHARON <hr/> Contributor address; City; State; Zip Code HONOLULU, HI 96817	Amount of Contribution (\$) \$10.00
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: 89/118 Rpt: 92/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHERZHAGEN, TED	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code COLLEGE PLACE, WA 99324		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHEY, DAVE,SR	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code HENDERSON, NV 89011		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIEDINGER, EVA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code FAYETTEVILLE, NC 28314		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIEDINGER, EVA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code FAYETTEVILLE, NC 28314		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIGBY, PETER	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code WILMINGTON, DE 19807		
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: 90/118 Rpt: 93/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIGGS, RUSSELL <hr/> 6 Contributor address; City; State; Zip Code SEDALIA, CO 80135	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) HEAVY EQUIP OPERATOR		9 Employer (See Instructions) DOUBLE R EXCAVATING INC
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RILEY, VIRGINIA <hr/> Contributor address; City; State; Zip Code SAN JUAN CAPISTRANO, CA 92675	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RITTER, SCOTT <hr/> Contributor address; City; State; Zip Code ELBURN, IL 60119	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) BLACK ANGUS CATTLE FARM		Employer (See Instructions) RITTER FARM
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIZO, ROBERT <hr/> Contributor address; City; State; Zip Code MIAMI, FL 33133	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CHIEF ENG.		Employer (See Instructions) BAYSHORE GROVE MGMT
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBBINS, JENNIFER <hr/> Contributor address; City; State; Zip Code WOODSTOCK, NY 12498	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SMALL BUSINESS OWNER		Employer (See Instructions) THE BABE CAVE VINTAGE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/118 Rpt: 94/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTS, CARRIE ANNA <hr/> 6 Contributor address; City; State; Zip Code BULLARD, TX 75757	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTS, INA <hr/> Contributor address; City; State; Zip Code ALPHARETTA, GA 30009	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, EDWARD <hr/> Contributor address; City; State; Zip Code SAINT GEORGE, UT 84770	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROESING, HENERY <hr/> Contributor address; City; State; Zip Code WACO, TX 76710	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROESING, HENERY <hr/> Contributor address; City; State; Zip Code WACO, TX 76710	Amount of Contribution (\$) \$1.00
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: 92/118 Rpt: 95/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROESING, HENERY <hr/> 6 Contributor address; City; State; Zip Code WACO, TX 76710	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSAEEN, MARC <hr/> Contributor address; City; State; Zip Code DALY CITY, CA 94014	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS, TIPTON S. <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) SELF EMPLOYED
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTTSCHAFER, WALTER <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76140	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROUNDHILL, ELTON <hr/> Contributor address; City; State; Zip Code WOODWAY, WA 98020	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) BIZ OWNER		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/118 Rpt: 96/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/31/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SABALINSKI, JUDITH <hr/> 6 Contributor address; City; State; Zip Code MACOMB, MI 48042	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SABINE, RANDALL T. <hr/> Contributor address; City; State; Zip Code BOERNE, TX 78006	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGEBIEL, NOLAN <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGEBIEL, NOLAN <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMOYLICHOLGA. KOLS, A A A OLECHKA <hr/> Contributor address; City; State; Zip Code LEBANON, OR 97355	Amount of Contribution (\$) \$10.00
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: 94/118 Rpt: 97/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMPLE, SUE <hr/> 6 Contributor address; City; State; Zip Code PAYSON, AZ 85541	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANTURE, TERRY <hr/> Contributor address; City; State; Zip Code NORFOLK, VA 23513	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASS, STACY <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78757	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) REAL ESTATE AGENT		Employer (See Instructions) SELF
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGEAU, KARYL <hr/> Contributor address; City; State; Zip Code LEXINGTON, VA 24450	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGEAU, KARYL <hr/> Contributor address; City; State; Zip Code LEXINGTON, VA 24450	Amount of Contribution (\$) \$15.00
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: 95/118 Rpt: 98/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVAGEAU, KARYL <hr/> 6 Contributor address; City; State; Zip Code LEXINGTON, VA 24450	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCARPELLI, MARTHA <hr/> Contributor address; City; State; Zip Code SARANAC LAKE, NY 12983	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHAEFER, ROBERT <hr/> Contributor address; City; State; Zip Code DARIEN, IL 60561	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHARFMAN, CHRISTINA <hr/> Contributor address; City; State; Zip Code TORRANCE, CA 90503	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHNEIDER, LINDA <hr/> Contributor address; City; State; Zip Code NORTH RIDGEVILLE, OH 44039	Amount of Contribution (\$) \$5.00
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: 96/118 Rpt: 99/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOENFELD, ROSE <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78737	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOUWEILER, JEANETTE <hr/> Contributor address; City; State; Zip Code FORT WAYNE, IN 46814	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEAMAN, MARK <hr/> Contributor address; City; State; Zip Code VALPARAISO, IN 46385	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEE, JU <hr/> Contributor address; City; State; Zip Code SANTA FE, NM 87505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEKIGUCHI, JUNE <hr/> Contributor address; City; State; Zip Code WINDCREST, TX 78239	Amount of Contribution (\$) \$5.00
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: 97/118 Rpt: 100/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEKIGUCHI, JUNE <hr/> 6 Contributor address; City; State; Zip Code WINDCREST, TX 78239	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SELLERS, KAREN <hr/> Contributor address; City; State; Zip Code SCHWENKSVILLE, PA 19473	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CUSTOMER SERVICE		Employer (See Instructions) HARLEYSVILLE INS CO
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SELLERS Jr., LENN GENE <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78732	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEMMES, FRANK <hr/> Contributor address; City; State; Zip Code JOHNS ISLAND, SC 29455	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETAIL ASSOCIATE		Employer (See Instructions) LOWCOUNTRY ACE HARDWARE
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SENF, STEVEN <hr/> Contributor address; City; State; Zip Code BULVERDE, TX 78163	Amount of Contribution (\$) \$100.00
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: 98/118 Rpt: 101/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANKLAND, KEITH <hr/> 6 Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) AVIATION SAFETY INSPECTOR		9 Employer (See Instructions) DOT
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIELDS, JOHN <hr/> Contributor address; City; State; Zip Code LIVINGSTON, TX 77399	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIELDS, JOHN <hr/> Contributor address; City; State; Zip Code LIVINGSTON, TX 77399	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHOFFNER, JANET <hr/> Contributor address; City; State; Zip Code CARTHAGE, TX 75633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) LANDSCAPE		Employer (See Instructions) SELF
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMON, JOHN <hr/> Contributor address; City; State; Zip Code ALLEN PARK, MI 48101	Amount of Contribution (\$) \$10.00
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: 99/118 Rpt: 102/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMONEAU, P R <hr/> 6 Contributor address; City; State; Zip Code DRIPPING SPRINGS, TX 78620	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) SYSTEMS ANALYST		9 Employer (See Instructions) RAILROAD COMMISSION OF TEXAS
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMPSON, DEBRA <hr/> Contributor address; City; State; Zip Code PALESTINE, TX 75803	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMPSON MERCY, MARY <hr/> Contributor address; City; State; Zip Code WEAVERVILLE, CA 96093	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SKARWECKI, ANNIE <hr/> Contributor address; City; State; Zip Code BOWIE, MD 20715	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, CRAIG <hr/> Contributor address; City; State; Zip Code SHARPSVILLE, IN 46068	Amount of Contribution (\$) \$10.00
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: 100/118 Rpt: 103/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, JO ANN <hr/> 6 Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MURRAY <hr/> Contributor address; City; State; Zip Code PALOS VERDES PENINSULA, CA 90274	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, PAMELA <hr/> Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, PAMELA <hr/> Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, PAMELA <hr/> Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$15.00
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: 101/118 Rpt: 104/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SNOW, MAGGIE <hr/> 6 Contributor address; City; State; Zip Code KERRVILLE, TX 78028	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) REAL ESTATE APPRAISER		9 Employer (See Instructions) SELF EMPLOYED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SNYDER, MARSHALL <hr/> Contributor address; City; State; Zip Code WHITNEY, TX 76692	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SNYDER, MARY <hr/> Contributor address; City; State; Zip Code CANTON, OH 44714	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOHN, NATHAN <hr/> Contributor address; City; State; Zip Code READING, PA 19606	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) I'D RATHER NOT SAY.
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPRAY, BRENT <hr/> Contributor address; City; State; Zip Code WICHITA FALLS, TX 76309	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PASTORIAL		Employer (See Instructions) COWBOY CHURCH HENRIETTA, TX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/118 Rpt: 105/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SR, GERALD A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code SUMMERFIELD, FL 34491	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STALLINGS, LAWSON	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code LOUISBURG, NC 27549	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STANFIELD, BARB	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code WILLARD, OH 44890	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STASSEN, WILLIAM	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code NEWARK, OH 43055	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEFFEN, MIKE	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code MOLINE, IL 61265	
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: 103/118 Rpt: 106/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEIN, CATHERINE R <hr/> 6 Contributor address; City; State; Zip Code LAKEHILLS, TX 78063	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STERNAL, LTCOL. GERALD W. <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78418	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STETLER, PAUL <hr/> Contributor address; City; State; Zip Code SMITHVILLE, OH 44677	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, JANET <hr/> Contributor address; City; State; Zip Code ANDERSON, SC 29621	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOCKER, LOUIS <hr/> Contributor address; City; State; Zip Code IMPERIAL, CA 92251	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) TELECOM SPECIALIST		Employer (See Instructions) DHS/CBP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/118 Rpt: 107/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STORDAHL, DANIEL <hr/> 6 Contributor address; City; State; Zip Code SEATTLE, WA 98199	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		9 Employer (See Instructions) SELF
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STREIFEL, JIM E <hr/> Contributor address; City; State; Zip Code JANESVILLE, WI 53546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRONG, ROY <hr/> Contributor address; City; State; Zip Code WILMINGTON, IL 60481	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUTSMAN, MICHAEL <hr/> Contributor address; City; State; Zip Code PHOENIX, AZ 85022	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUMNER, DEWEY <hr/> Contributor address; City; State; Zip Code SEVIERVILLE, TN 37876	Amount of Contribution (\$) \$20.00
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: 105/118 Rpt: 108/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTPHIN, MARIE <hr/> 6 Contributor address; City; State; Zip Code LEBANON, IN 46052	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SVEC, ADOLPH <hr/> Contributor address; City; State; Zip Code MARENGO, IL 60152	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWENSON, JANNETTE E. <hr/> Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85266	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWENSON, JANNETTE E. <hr/> Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85266	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TABAKA, ROBERT <hr/> Contributor address; City; State; Zip Code BRENTWOOD, CA 94513	Amount of Contribution (\$) \$20.00
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: 106/118 Rpt: 109/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAFT, RAY <hr/> 6 Contributor address; City; State; Zip Code BACLIFF, TX 77518	7 Amount of Contribution (\$) \$26.00
8 Principal occupation / Job title (See Instructions) CASHIER		9 Employer (See Instructions) CABELA'S
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALLY, CHARLES <hr/> Contributor address; City; State; Zip Code EATONTON, GA 31024	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAFATILLER, BARRY <hr/> Contributor address; City; State; Zip Code CANYON, TX 79015	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TENERY, VIRGINIA <hr/> Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERAN, NOE <hr/> Contributor address; City; State; Zip Code EL PASO, TX 79912	Amount of Contribution (\$) \$50.00
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: 107/118 Rpt: 110/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, DIANNE <hr/> 6 Contributor address; City; State; Zip Code BRUCEVILLE, TX 76630	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THORN, STEPHEN <hr/> Contributor address; City; State; Zip Code NORTH POTOMAC, MD 20878	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) W.E. BOWERS
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THUR, MARGARET <hr/> Contributor address; City; State; Zip Code LINDEN, VA 22642	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TLPAK, MARK <hr/> Contributor address; City; State; Zip Code GEORGETOWN, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TECHNOLOGY		Employer (See Instructions) DELL
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOYOZAKI, LESLIE <hr/> Contributor address; City; State; Zip Code MILILANI, HI 96789	Amount of Contribution (\$) \$10.00
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: 108/118 Rpt: 111/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACEY, BETTY <hr/> 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76016	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TUCKER, TERRY <hr/> Contributor address; City; State; Zip Code DIXON, CA 95620	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNER, JACK <hr/> Contributor address; City; State; Zip Code IRVING, TX 75038	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SMJ/TURNER BROS
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UIHLEIN, LUCIA <hr/> Contributor address; City; State; Zip Code LONGBOAT KEY, FL 34228	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNGER, RANDALL <hr/> Contributor address; City; State; Zip Code MEXIA, TX 76667	Amount of Contribution (\$) \$50.00
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: 109/118 Rpt: 112/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VACCARELLA, DANIEL	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code SEAL BEACH, CA 90740		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN LANDEGEND, JUDITH	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code PORT CHARLOTTE, FL 33981		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANDEGRIFT, KATHY C.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code COLUMBUS, OH 43085		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANDERSCHAAF, CONSTANCE	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code THORNTON, CO 80233		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANDIVIER, MICHAEL	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code SAN JOSE, CA 95118		
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: 110/118 Rpt: 113/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VASQUEZ, JACQUELYN <hr/> 6 Contributor address; City; State; Zip Code DOUGLASTON, NY 11362	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETAIL GIRL IN BAKERY		9 Employer (See Instructions) ARIOLA BAKERY
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELASCO, ASHLEY <hr/> Contributor address; City; State; Zip Code AURORA, CO 80013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINCENT, ELIZABETH <hr/> Contributor address; City; State; Zip Code ALAMOGORDO, NM 88310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VRIESEN, KARL <hr/> Contributor address; City; State; Zip Code JACKSON, MS 39216	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALDROP, PATSY <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77041	Amount of Contribution (\$) \$25.00
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: 111/118 Rpt: 114/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, PATTY	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code PORT LAVACA, TX 77979		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALRAVEN, BERNARD	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code OAK RIDGE, NC 27310		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTERS, GEORGE	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code KATY, TX 77450		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTERS, MICHAEL	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code ROSEBURG, OR 97471		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATERS, MARY LOU	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BALDWIN, MD 21013		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/118 Rpt: 115/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEHRLY, ANDREA <hr/> 6 Contributor address; City; State; Zip Code SPRING, TX 77388	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) N/A-BELOW THRESHOLD		9 Employer (See Instructions) N/A-BELOW THRESHOLD
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELLS, MICHAEL <hr/> Contributor address; City; State; Zip Code LAGO VISTA, TX 78645	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDLAND, KENNETH <hr/> Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESSLER, JAY <hr/> Contributor address; City; State; Zip Code ALLEN, TX 75002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHEELER, BRUCE <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$50.00
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: 113/118 Rpt: 116/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITAKER, CODY EUGENE <hr/> 6 Contributor address; City; State; Zip Code GARDEN RIDGE, TX 78266	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, LINDA <hr/> Contributor address; City; State; Zip Code CONROE, TX 77384	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIEBE, ANNA <hr/> Contributor address; City; State; Zip Code SEMINOLE, TX 79360	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) NONE
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIEBE, ANNA <hr/> Contributor address; City; State; Zip Code SEMINOLE, TX 79360	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) NONE
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLBORG, GLYN C. <hr/> Contributor address; City; State; Zip Code CYPRESS, TX 77429	Amount of Contribution (\$) \$50.00
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: 114/118 Rpt: 117/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLETT, MIKE <hr/> 6 Contributor address; City; State; Zip Code LONG BEACH, NY 11561	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, GERALD <hr/> Contributor address; City; State; Zip Code DRUMMONDS, TN 38023	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, JUDI KAY <hr/> Contributor address; City; State; Zip Code PRESCOTT, AZ 86305	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, LARRY <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, MEG <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$10.00
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: 115/118 Rpt: 118/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, MIKE <hr/> 6 Contributor address; City; State; Zip Code ADA, MI 49301	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINTERBAUER, KEITH <hr/> Contributor address; City; State; Zip Code WESLEY CHAPEL, FL 33545	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITT, FRANCIS <hr/> Contributor address; City; State; Zip Code COPPELL, TX 75019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) CYMSTAR
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WITT, FRANCIS <hr/> Contributor address; City; State; Zip Code COPPELL, TX 75019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) CYMSTAR
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WLEWIS, DAVID <hr/> Contributor address; City; State; Zip Code LAS VEGAS, NV 89110	Amount of Contribution (\$) \$25.00
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: 116/118 Rpt: 119/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOMACK, ROSALYN <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78218	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) SJRMC
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, KERRY <hr/> Contributor address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76182	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) MINISTER/PROFESSOR		Employer (See Instructions) TABLE OF FRIENDS
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODRUFF, ANNE <hr/> Contributor address; City; State; Zip Code FORT MYERS, FL 33908	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODWARD, CAROLYN J. <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORCESTER, SHARON S <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$25.00
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: 117/118 Rpt: 120/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORTHINGTON, NANCY J.	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code CERESCO, MI 49033		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORTHINGTON, NANCY J.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code CERESCO, MI 49033		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, MARJORIE	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code DALLAS, TX 75219		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOE, JOHN	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, BECKY	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code TUCSON, AZ 85712		
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: 118/118 Rpt: 121/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, LEN	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code MONROEVILLE, PA 15146		
8 Principal occupation / Job title (See Instructions) SELF EMPLOYED		9 Employer (See Instructions) LEN'S LANDSCAPING
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, ROGER	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code NEW HOLLAND, OH 43145		
Principal occupation / Job title (See Instructions) N/A-BELOW THRESHOLD		Employer (See Instructions) N/A-BELOW THRESHOLD
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZEILINGER, SCOTT	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code NEW YORK, NY 10024		
Principal occupation / Job title (See Instructions) PRODUCER		Employer (See Instructions) ZEILINGER PRODUCTIONS
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZIMMERMAN, RICK	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code HOUSTON, TX 77024		
Principal occupation / Job title (See Instructions) OIL AND GAS		Employer (See Instructions) TIE
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZIOTS, GEORGE	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code LAKE HAVASU CITY, AZ 86403		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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: 1/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 02/04/2026	5 Payee name AMERICAN AIRLINES
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6 Amount (\$) \$508.40	7 Payee address; City; State; Zip Code 1 SKYVIEW DR. FORT WORTH, TX 76155
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETINGS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/27/2026	Payee name ANEDOT, INC.
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Amount (\$) \$304.60	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/27/2026	Payee name ANEDOT, INC.
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Amount (\$) \$166.80	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 2/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 01/28/2026	5 Payee name ANEDOT, INC.
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6 Amount (\$) \$300.10	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/28/2026	Payee name ANEDOT, INC.
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Amount (\$) \$173.20	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/28/2026	Payee name ANEDOT, INC.
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Amount (\$) \$117.82	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 3/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/28/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$56.48	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name ANEDOT, INC.	
Amount (\$) \$322.48	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name ANEDOT, INC.	
Amount (\$) \$99.80	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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
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: 4/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$301.00	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name ANEDOT, INC.	
Amount (\$) \$1,040.54	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name ANEDOT, INC.	
Amount (\$) \$163.20	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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: 5/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$125.54	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2026	Payee name ANEDOT, INC.	
Amount (\$) \$991.50	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2026	Payee name ANEDOT, INC.	
Amount (\$) \$258.84	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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
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: 6/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/07/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$568.15	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2026	Payee name ANEDOT, INC.	
Amount (\$) \$53.94	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name ANEDOT, INC.	
Amount (\$) \$1,497.40	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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
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: 7/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/10/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$1,110.98	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2026	Payee name ANEDOT, INC.	
Amount (\$) \$405.10	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2026	Payee name ANEDOT, INC.	
Amount (\$) \$33.48	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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
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: 8/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 02/14/2026	5 Payee name ANEDOT, INC.
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6 Amount (\$) \$348.40	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2026	Payee name ANEDOT, INC.
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Amount (\$) \$49.94	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2026	Payee name ANEDOT, INC.
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Amount (\$) \$25.44	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 9/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/15/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$231.90	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2026	Payee name ANEDOT, INC.	
Amount (\$) \$42.10	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2026	Payee name ANEDOT, INC.	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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
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: 10/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/17/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$457.80	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name ANEDOT, INC.	
Amount (\$) \$447.52	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name ANEDOT, INC.	
Amount (\$) \$11.60	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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
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: 11/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/17/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$136.50	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2026	Payee name ANEDOT, INC.	
Amount (\$) \$58.54	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2026	Payee name ANEDOT, INC.	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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
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: 12/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 02/19/2026	5 Payee name ANEDOT, INC.
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6 Amount (\$) \$331.25	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2026	Payee name ANEDOT, INC.
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Amount (\$) \$46.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2026	Payee name ANEDOT, INC.
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Amount (\$) \$1,633.05	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 13/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 02/19/2026	5 Payee name ANEDOT, INC.
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6 Amount (\$) \$106.98	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2026	Payee name ANEDOT, INC.
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Amount (\$) \$1,453.60	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2026	Payee name ANEDOT, INC.
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Amount (\$) \$505.70	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 14/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/21/2026	5 Payee name ANEDOT, INC.	
6 Amount (\$) \$20.10	7 Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2026	Payee name ANEDOT, INC.	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 1340 POYDRAS ST, STE 1770 NEW ORLEANS, LA 70112-8954	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD MERCHANT FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name CAMPAIGN SOLUTIONS	
Amount (\$) \$6,914.13	Payee address; City; State; Zip Code 117 N SAINT ASAPH ST ALEXANDRIA, VA 22314-3109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 DIGITAL CONSULTING
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
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: 15/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 01/26/2026	5 Payee name CHAIN BRIDGE BANK, N.A.
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6 Amount (\$) \$1,632.17	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR CREDIT CARD EXPENDITURES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/28/2026	Payee name CHAIN BRIDGE BANK, N.A.
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/28/2026	Payee name CHAIN BRIDGE BANK, N.A.
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 16/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/02/2026	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
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
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: 17/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/05/2026	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2026	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$12.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$12.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
Complete <u>ONLY</u> 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
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: 18/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/11/2026	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2026	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2026	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
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
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: 19/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/27/2026	5 Payee name CUBESMART #4654	
6 Amount (\$) \$272.00	7 Payee address; City; State; Zip Code 9521 W US - 290 AUSTIN, TX 78736	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 STORAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name J2 STRATEGIES	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 1424 KINGSGATE DRIVE BRYAN, TX 77807	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 POLITICAL STRATEGY CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name JOHN FLETCHER	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 1709 CINNAMON PATH UNIT A AUSTIN, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 POLITICAL STRATEGY CONSULTING
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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/20/2026	5 Payee name JORDAN COOK	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 4092 TPC PKWY APT. 1046 SAN ANTONIO, TX 78261	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 POLITICAL STRATEGY CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name KRISTOPHER RAY CREATIVE LLC	
Amount (\$) \$902.85	Payee address; City; State; Zip Code 104 HOLLYTREE CT GEORGETOWN, TX 78628	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 UPDATES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name LEX POLITICA, PLLC	
Amount (\$) \$562.50	Payee address; City; State; Zip Code 7415 SW PKWY, BLDG 6, STE 500-129 AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING SERVICES
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
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: 21/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 02/05/2026	5 Payee name LOFSTROM CONSULTING LLC
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6 Amount (\$) \$27,030.00	7 Payee address; City; State; Zip Code 3915 SOUTHWESTERN ST. HOUSTON, TX 77005
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FUNDRAISING CONSULTING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/04/2026	Payee name MARIGOLD STRATEGIES LLC
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Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2113 CREEKSIDE CIR S IRVING, TX 75063
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 POLITICAL STRATEGY CONSULTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2026	Payee name SABRINA HANCOCK
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Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 5321 BARTON CREEK BLVD., APT. 6307 AUSTIN, TX 78735
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 CAMPAIGN STRATEGY ADVISEMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 22/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 01/28/2026	5 Payee name STRATEGIC MEDIA SERVICES, INC.
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6 Amount (\$) \$250,000.00	7 Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730 ARLINGTON, VA 22203
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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 MEDIA PLACEMENT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/28/2026	Payee name STRATEGIC MEDIA SERVICES, INC.
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Amount (\$) \$390,460.00	Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730 ARLINGTON, VA 22203
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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 MEDIA PLACEMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2026	Payee name STRATEGIC MEDIA SERVICES, INC.
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Amount (\$) \$653,050.00	Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730 ARLINGTON, VA 22203
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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 MEDIA PLACEMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 23/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 02/11/2026	5 Payee name STRATEGIC MEDIA SERVICES, INC.
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6 Amount (\$) \$322,790.00	7 Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730 ARLINGTON, VA 22203
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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 MEDIA PLACEMENT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2026	Payee name STRATEGIC MEDIA SERVICES, INC.
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Amount (\$) \$341,790.00	Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730 ARLINGTON, VA 22203
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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 MEDIA PLACEMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2026	Payee name STRATEGIC MEDIA SERVICES, INC.
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Amount (\$) \$220,560.00	Payee address; City; State; Zip Code 4601 N. FAIRFAX DRIVE, SUITE 730 ARLINGTON, VA 22203
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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 MEDIA PLACEMENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Payee name THE LAUDERBACK GROUP	
6 Amount (\$) \$16,665.76	7 Payee address; City; State; Zip Code 1307 ELTON LANE AUSTIN, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FUNDRAISING CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name THE LAUDERBACK GROUP	
Amount (\$) \$149.24	Payee address; City; State; Zip Code 1307 ELTON LANE AUSTIN, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FUNDRAISING CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name THOMAS GRAPHICS, INC.	
Amount (\$) \$3,150.08	Payee address; City; State; Zip Code PO BOX 142226 AUSTIN, TX 78714-2226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 PRINTING YARD SIGNS
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
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: 25/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/23/2026	5 Payee name UNITED AIRLINES	
6 Amount (\$) \$1,000.96	7 Payee address; City; State; Zip Code 233 S. WACKER DR. CHICAGO, IL 60606-6060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND FUNDRAISER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2026	Payee name UNITED AIRLINES	
Amount (\$) \$836.96	Payee address; City; State; Zip Code 233 S. WACKER DR. CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETINGS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2026	Payee name UNITED AIRLINES	
Amount (\$) \$628.48	Payee address; City; State; Zip Code 233 S. WACKER DR. CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETINGS
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
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: 26/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 01/23/2026	5 Payee name UNITED AIRLINES	
6 Amount (\$) \$328.48	7 Payee address; City; State; Zip Code 233 S. WACKER DR. CHICAGO, IL 60606-6060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETINGS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2026	Payee name UNITED AIRLINES	
Amount (\$) \$1,036.02	Payee address; City; State; Zip Code 233 S. WACKER DR. CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO ATTEND CAMPAIGN MEETINGS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2026	Payee name UNITED AIRLINES	
Amount (\$) \$624.48	Payee address; City; State; Zip Code 233 S. WACKER DR. CHICAGO, IL 60606-6060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: AIRFARE TO BANGOR TO ATTEND MEETINGS
Complete <u>ONLY</u> 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
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: 27/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
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4 Date 01/23/2026	5 Payee name UNITED AIRLINES
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6 Amount (\$) \$655.19	7 Payee address; City; State; Zip Code 233 S. WACKER DR. CHICAGO, IL 60606-6060
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: RETURN TRIP AIRFARE TO BANGOR TO ATTEND MEETINGS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/23/2026	Payee name UNITED AIRLINES
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Amount (\$) \$560.49	Payee address; City; State; Zip Code 233 S. WACKER DR. CHICAGO, IL 60606-6060
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: UNUSED AIRFARE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/04/2026	Payee name WATERLOO COMMUNICATIONS
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 5313 VEGA AVE., UNIT 1324 AUSTIN, TX 78735
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 CAMPAIGN SERVICES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 28/28 Rpt:	2 FILER NAME Texans for Chip Roy	3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/04/2026	5 Payee name WATERLOO COMMUNICATIONS	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 5313 VEGA AVE., UNIT 1324 AUSTIN, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 CAMPAIGN SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 1/2 Rpt: 150/153		2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953	
4 CREDIT CARD ISSUER		Name of financial institution CHAIN BRIDGE BANK, N.A.		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,300.95	
6 PAYMENT		(a) Amount Charged \$2,216.96	(b) Date of Charge 02/16/2026	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name APPLE		(b) Payee address; City, State, Zip Code ONE APPLE PARK WAY CUPERTINO, CA 95014	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description COMPUTER EQUIPMENT	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
PAYMENT		(a) Amount Charged \$117.41	(b) Date of Charge 02/16/2026	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name APPLE		(b) Payee address; City, State, Zip Code ONE APPLE PARK WAY CUPERTINO, CA 95014	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SOFTWARE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
PAYMENT		(a) Amount Charged \$202.22	(b) Date of Charge 02/01/2026	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name JACK ALLEN'S KITCHEN		(b) Payee address; City, State, Zip Code 4155 N GENERAL BRUCE DR. TEMPLE, TX 76501	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 2/2 Rpt: 151/153	2	FILER NAME Texans for Chip Roy	3	Filer ID (Ethics Commission Filers) 00089953
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,300.95
6	PAYMENT	(a) Amount Charged \$91.28	(b) Date of Charge 02/08/2026	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name JACK ALLEN'S KITCHEN		(b) Payee address; City, State, Zip Code 4705 SOUTH 129TH EAST AVE.HQ TULSA, OK 74134	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$80.20	(b) Date of Charge 02/16/2026	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name JACK ALLEN'S KITCHEN		(b) Payee address; City, State, Zip Code 4705 SOUTH 129TH EAST AVE.HQ TULSA, OK 74134	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MEETING FOOD/BEVERAGES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$570.90	(b) Date of Charge 02/18/2026	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name THE HIGHLAND DALLAS		(b) Payee address; City, State, Zip Code 5300 E MOCKINGBIRD LN DALLAS, TX 75206	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description TRAVEL: LODGING	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 152/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Date 02/05/2026	5 Name of person from whom amount is received AMERICAN AIRLINES	8 Amount (\$) \$508.40
	6 Address of person from whom amount is received; City; State; Zip Code FORT WORTH, TX 76155	
	7 Purpose for which amount is received CREDIT: AIRFARE	<input type="checkbox"/> Check if political contribution returned to filer

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/1 Rpt: 153/153
2 FILER NAME Texans for Chip Roy		3 Filer ID (Ethics Commission Filers) 00089953
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee UNITED AIRLINES		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 09/14/2025 09/14/2025	7 Name of person(s) traveling LOFSTROM, LAUREN	
	8 Departure city or name of departure location HOUSTON	
	9 Destination city or name of destination location BANGOR	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) AIRFARE TO BANGOR TO ATTEND MEETINGS	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee UNITED AIRLINES		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 09/16/2025 09/16/2025	Name of person(s) traveling LOFSTROM, LAUREN	
	Departure city or name of departure location BANGOR	
	Destination city or name of destination location HOUSTON	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) RETURN TRIP AIRFARE TO BANGOR TO ATTEND MEETINGS	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee UNITED AIRLINES		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 11/19/2025 11/19/2025	Name of person(s) traveling LOFSTROM, LAUREN	
	Departure city or name of departure location HOUSTON	
	Destination city or name of destination location WASHINGTON, DC	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) AIRFARE TO ATTEND FUNDRAISER	