

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                  |                                                                                                                                                                              |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The GPAC Instruction Guide explains how to complete this form.                         |                                                                                                                                                                                                                                                                                                                                                      | 1 Filer ID<br>(Ethics Commission Filers)<br>00090572                                                                                                                                             | 2 Total pages filed:<br>10                                                                                                                                                   |
| 3 COMMITTEE NAME<br>Ellis County Conservative Coalition                                |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                  | <b>OFFICE USE ONLY</b><br>Date Received<br>ELECTRONICALLY FILED<br>02/23/2026<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 14<br><br>Maypearl, TX 76064                                                                                                                                                                                                                                                        |                                                                                                                                                                                                  |                                                                                                                                                                              |
| 5 CAMPAIGN TREASURER NAME                                                              | MS / MRS / MR FIRST MI<br>Ms. Kathy<br>NICKNAME LAST SUFFIX<br>Ponce                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                  |                                                                                                                                                                              |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>300 E. 3rd Street<br><br>Maypearl, TX 76064                                                                                                                                                                                                                               |                                                                                                                                                                                                  |                                                                                                                                                                              |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 14<br><br>Maypearl, TX 76064                                                                                                                                                                                                                                                        |                                                                                                                                                                                                  |                                                                                                                                                                              |
| 8 CAMPAIGN TREASURER PHONE                                                             | AREA CODE PHONE NUMBER EXTENSION<br>(214) 334-5087                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                              |
| 9 REPORT TYPE                                                                          | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |                                                                                                                                                                                                  |                                                                                                                                                                              |
| 10 PERIOD COVERED                                                                      | Month Day Year<br>01/23/2026 THROUGH Month Day Year<br>02/21/2026                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |                                                                                                                                                                              |
| 11 ELECTION                                                                            | ELECTION DATE<br>Month Day Year<br>03/03/2026                                                                                                                                                                                                                                                                                                        | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                                                                                                                                                              |

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Ellis County Conservative Coalition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00090572                                                                                                                                                                                                    |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported    Greg Abbott    Governor                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | B. Opposed                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | B. Opposed                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>15 CONTRIBUTION TOTALS</b>                                                                        | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 12,000.00                                                                                                                                                                                                                                                 |
| <b>EXPENDITURE TOTALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                    | \$ 0.00                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                               | \$ 6,833.91                                                                                                                                                                                                                                                  |
| <b>CONTRIBUTION BALANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 5,266.09                                                                                                                                                                                                                                                  |
| <b>OUTSTANDING LOAN TOTALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b> | \$ 100.00                                                                                                                                                                                                                                                    |
| <b>16 AFFIDAVIT</b><br><br><div style="text-align: right;">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.</div><br><div style="text-align: right;">_____<br/>Ms. Kathy Ponce<br/>Signature of Campaign Treasurer</div><br><div>AFFIX NOTARY STAMP / SEAL ABOVE</div><br>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.<br><br>_____<br>Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath |                                                                                                      |                                                                                                                                                                                                                                                              |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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|                                                                                                         |                                                                                                      |                                                                                  |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Ellis County Conservative Coalition                                         |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00090572                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Dan Patrick Lieutenant Governor                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
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|                                                                                                         |                                                                                              |                                                                              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Ellis County Conservative Coalition                                         |                                                                                              | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00090572                    |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Nate Sheets Agriculture Commissioner<br><br>B. Opposed          |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                                               |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |                                                                              |
|                                                                                                         | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Bo French Railroad Commissioner<br><br>B. Opposed               |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                                               |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |                                                                              |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Thomas Smith Court Of Criminal Appeals, Judge<br><br>B. Opposed |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported<br><br>B. Opposed                                               |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |                                                                              |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Ellis COunty Conservative Coalition                                         |                                                                                              | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00090572    |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported John Messinger Court Of Criminal Appeals, Judge |
|                                                                                                         |                                                                                              | B. Opposed                                                   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                                 |
|                                                                                                         |                                                                                              | B. Opposed                                                   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |                                                              |
|                                                                                                         |                                                                                              |                                                              |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Mindy Bumgarner State Board Of Education        |
|                                                                                                         |                                                                                              | B. Opposed                                                   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                                 |
|                                                                                                         |                                                                                              | B. Opposed                                                   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |                                                              |
|                                                                                                         |                                                                                              |                                                              |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Bob Hall State Senator                          |
|                                                                                                         |                                                                                              | B. Opposed                                                   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                                 |
|                                                                                                         |                                                                                              | B. Opposed                                                   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |                                                              |
|                                                                                                         |                                                                                              |                                                              |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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| <b>12 COMMITTEE NAME</b><br>Ellis COunty Conservative Coalition                                         |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00090572                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported David Cook State Senator                                            |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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|                                                                                                         |                                                                                                      |                                                                                  |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Ellis County Conservative Coalition                                         |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00090572                        |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported Kameron Raburn Statutory County Judge                               |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |
|                                                                                                         | <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
| B. Opposed                                                                                              |                                                                                                      |                                                                                  |
| <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                  |                                                                                                      | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
| <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)            |                                                                                                      |                                                                                  |
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)    |                                                                                                      | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.) |
|                                                                                                         | B. Opposed                                                                                           |                                                                                  |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                     |
|                                                                                                         |                                                                                                      | B. Opposed                                                                       |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)         |                                                                                  |

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
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|                                                                 |                                                                                                                   |                                                           |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Ellis County Conservative Coalition |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00090572 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                              | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 12,000.00                                              |
| 2.                                                              | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                                                        |
| 3.                                                              | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$                                                        |
| 4.                                                              | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                                                        |
| 5.                                                              | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                                                        |
| 6.                                                              | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                                                        |
| 7.                                                              | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 8.                                                              | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 9.                                                              | <input type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                                                        |
| 10.                                                             | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 6,833.91                                               |
| 11.                                                             | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$                                                        |
| 12.                                                             | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 13.                                                             | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                                                        |
| 14.                                                             | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 15.                                                             | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                  |                                                                                                                                                                                                         |                                                          |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                         | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 9/10  |
| <b>2</b> FILER NAME<br>Ellis COunty Conservative Coalition       |                                                                                                                                                                                                         | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090572 |
| <b>4</b> Date<br>02/13/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bo French Campaign<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76147 | <b>7</b> Amount of Contribution (\$)<br><br>\$7,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                         | <b>9</b> Employer (See Instructions)                     |

|                                                            |                                                                                                                                                                                                    |                                                      |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Date</b><br>02/13/2026                                  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Don Huffines Campaign<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Dallas, TX 75225 | <b>Amount of Contribution (\$)</b><br><br>\$5,000.00 |
| <b>Principal occupation / Job title (See Instructions)</b> |                                                                                                                                                                                                    | <b>Employer (See Instructions)</b>                   |

# 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:<br>Sch: 1/1 Rpt: 10/10                                            | 2 FILER NAME<br>Ellis COunty Conservative Coalition                                  | 3 Filer ID (Ethics Commission Filers)<br>00090572                                                                                                                                                  |
| 4 Date<br>02/18/2026                                                                         | 5 Payee name<br>Print Place                                                          |                                                                                                                                                                                                    |
| 6 Amount (\$)<br>\$6,833.91<br><br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code<br>1130 Ave H East<br><br>Arlington, TX 76011 |                                                                                                                                                                                                    |
| 8 PURPOSE OF EXPENDITURE                                                                     | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Candidate Slate |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                          | Office sought<br>Office held                                                                                                                                                                       |