

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Conservative Fund	13 Filer ID (Ethics Commission Filers) 00090609
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported KEN KING State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	89,697.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	801,007.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Brian Smith

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 3 of 16

12 COMMITTEE NAME Texas Conservative Fund	13 Filer ID (Ethics Commission Filers) 00090609
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported JARED PATTERSON State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported MORGAN MEYER State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported JEFF LEACH State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 4 of 16

12 COMMITTEE NAME Texas Conservative Fund	13 Filer ID (Ethics Commission Filers) 00090609
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported MARC LAHOOD State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported ARMIN MIZANI State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Conservative Fund		18 Filer ID (Ethics Commission Filers) 00090609
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 89,697.60
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	\$

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: 1/11 Rpt: 6/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
4 Date 02/26/2026	5 Payee name 515 GROUP	
6 Amount (\$) \$1,564.85	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KING, KEN	Office sought State Representative District 88
		Office held State Representative District 88
Date 02/26/2026	Payee name 515 GROUP	
Amount (\$) \$1,491.77	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PATTERSON, JARED	Office sought State Representative District 106
		Office held State Representative District
Date 02/26/2026	Payee name 515 GROUP	
Amount (\$) \$1,844.01	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108
		Office held State Representative District

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: 2/11 Rpt: 7/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
4 Date 02/26/2026	5 Payee name 515 GROUP	
6 Amount (\$) \$1,491.00	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67
		Office held State Representative District 67
Date 02/26/2026	Payee name 515 GROUP	
Amount (\$) \$1,694.56	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
		Office held State Representative District
Date 02/26/2026	Payee name 515 GROUP	
Amount (\$) \$1,946.84	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MIZANI, ARMIN	Office sought State Representative District 98
		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: 3/11 Rpt: 8/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
4 Date 03/02/2026	5 Payee name 515 GROUP	
6 Amount (\$) \$3,995.81	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KING, KEN	Office sought State Representative District 88
		Office held State Representative District 88
Date 03/02/2026	Payee name 515 GROUP	
Amount (\$) \$3,845.17	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PATTERSON, JARED	Office sought State Representative District 106
		Office held State Representative District
Date 03/02/2026	Payee name 515 GROUP	
Amount (\$) \$4,751.53	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108
		Office held State Representative District

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: 4/11 Rpt: 9/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609			
4 Date 03/02/2026	5 Payee name 515 GROUP				
6 Amount (\$) \$4,073.86	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate/Officeholder name LEACH, JEFF</td> <td style="width:25%;">Office sought State Representative District 67</td> <td style="width:25%;">Office held State Representative District 67</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67	Office held State Representative District 67		
Date 03/02/2026	Payee name 515 GROUP				
Amount (\$) \$3,985.80	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate/Officeholder name LAHOOD, MARC</td> <td style="width:25%;">Office sought State Representative District 121</td> <td style="width:25%;">Office held State Representative District</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121	Office held State Representative District		
Date 03/02/2026	Payee name 515 GROUP				
Amount (\$) \$4,982.95	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate/Officeholder name MIZANI, ARMIN</td> <td style="width:25%;">Office sought State Representative District 98</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MIZANI, ARMIN	Office sought State Representative District 98
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MIZANI, ARMIN	Office sought State Representative District 98	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: 5/11 Rpt: 10/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
4 Date 03/03/2026	5 Payee name 515 GROUP	
6 Amount (\$) \$1,195.25	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KING, KEN	Office sought State Representative District 88
		Office held State Representative District 88
Date 03/03/2026	Payee name 515 GROUP	
Amount (\$) \$1,306.06	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PATTERSON, JARED	Office sought State Representative District 106
		Office held State Representative District
Date 03/03/2026	Payee name 515 GROUP	
Amount (\$) \$1,540.00	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108
		Office held State Representative District

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: 6/11 Rpt: 11/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
4 Date 03/03/2026	5 Payee name 515 GROUP	
6 Amount (\$) \$1,531.25	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67
		Office held State Representative District 67
Date 03/03/2026	Payee name 515 GROUP	
Amount (\$) \$1,610.49	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
		Office held State Representative District
Date 03/03/2026	Payee name 515 GROUP	
Amount (\$) \$1,660.75	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SMS MESSAGING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MIZANI, ARMIN	Office sought State Representative District 98
		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: 7/11 Rpt: 12/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
4 Date 02/26/2026	5 Payee name 515 GROUP	
6 Amount (\$) \$1,564.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KING, KEN	Office sought State Representative District 88
		Office held State Representative District 88
Date 02/26/2026	Payee name 515 GROUP	
Amount (\$) \$1,491.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PATTERSON, JARED	Office sought State Representative District 106
		Office held State Representative District
Date 02/26/2026	Payee name 515 GROUP	
Amount (\$) \$1,844.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108
		Office held State Representative District

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: 8/11 Rpt: 13/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
4 Date 02/26/2026	5 Payee name 515 GROUP	
6 Amount (\$) \$1,491.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67
		Office held State Representative District 67
Date 02/26/2026	Payee name 515 GROUP	
Amount (\$) \$1,694.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
		Office held State Representative District
Date 02/26/2026	Payee name 515 GROUP	
Amount (\$) \$1,946.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MIZANI, ARMIN	Office sought State Representative District 98
		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: 9/11 Rpt: 14/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
4 Date 03/02/2026	5 Payee name 515 GROUP	
6 Amount (\$) \$3,995.81 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KING, KEN	Office sought State Representative District 88
Date 03/02/2026	Payee name 515 GROUP	
Amount (\$) \$3,845.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PATTERSON, JARED	Office sought State Representative District 106
Date 03/02/2026	Payee name 515 GROUP	
Amount (\$) \$4,751.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108

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: 10/11 Rpt: 15/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
4 Date 03/02/2026	5 Payee name 515 GROUP	
6 Amount (\$) \$4,073.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67
Date 03/02/2026	Payee name 515 GROUP	
Amount (\$) \$3,985.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 03/02/2026	Payee name 515 GROUP	
Amount (\$) \$4,982.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 19TH ST S ARLINGTON, VA 22202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MIZANI, ARMIN	Office sought State Representative District 98

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: 11/11 Rpt: 16/16	2 FILER NAME Texas Conservative Fund	3 Filer ID (Ethics Commission Filers) 00090609
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4 Date 02/26/2026	5 Payee name ARENA MAIL + DIGITAL
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6 Amount (\$) \$2,530.00	7 Payee address; City; State; Zip Code 1260 E STRINGHAM AVE SUITE 400 SALT LAKE CITY, UT 84106
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WEB SERVICE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEB SERVICE
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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 03/25/2026	Payee name SUMMIT MANAGEMENT AND STRATEGY, LLC
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Amount (\$) \$6,987.50	Payee address; City; State; Zip Code 5801 LEESBURG PIKE #1036 FALLS CHURCH, VA 22041
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) COMPLIANCE CONSULTING / POSTAGE / OFFICE SUPPLIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING / POSTAGE / OFFICE SUPPLIES
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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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