

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS PAC

ADDRESS (number and street)

7415 SW PKWY BLDG 6 STE 500-134

Check if different  
than previously  
reported. (ACC)

AUSTIN

TX

78735

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00960211

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HOBBS, CABELL, , ,

Signature of Treasurer

HOBBS, CABELL, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

TEXAS PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2026

To:

M M / D D / Y Y Y Y Y  
09 30 2026

|                                                                                                                  | COLUMN A<br>This Period                   | COLUMN B<br>Calendar Year-to-Date         |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="0"/>                                                 |                                           | <input type="text" value="0.00"/>         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <input type="text" value="0.00"/>         |                                           |
| (c) Total Receipts (from Line 19) .....                                                                          | <input type="text" value="158000000.00"/> | <input type="text" value="158000000.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="158000000.00"/> | <input type="text" value="158000000.00"/> |
| 7. Total Disbursements (from Line 31) .....                                                                      | <input type="text" value="131751386.72"/> | <input type="text" value="131751386.72"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <input type="text" value="26248613.28"/>  | <input type="text" value="26248613.28"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>         |                                           |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>         |                                           |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**TEXAS PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2026

To:

M M / D D / Y Y Y Y Y  
09 30 2026**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

158000000.00

158000000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

158000000.00

158000000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

158000000.00

158000000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

158000000.00

158000000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 221734.62                     | 221734.62                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 221734.62                     | 221734.62                         |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....                                            | 131529652.10                  | 131529652.10                      |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))                                          |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 131751386.72                  | 131751386.72                      |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 131751386.72                  | 131751386.72                      |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 158000000.00                  | 158000000.00                      |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 158000000.00                  | 158000000.00                      |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 221734.62                     | 221734.62                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 221734.62                     | 221734.62                         |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 28  
(check only one)

|                              |                              |                                         |                             |
|------------------------------|------------------------------|-----------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
|                              |                              |                                         | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TEXAS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SLF PAC**

Mailing Address 6218 GEORGIA AVENUE NW STE 1 - 595

City  
WASHINGTONState  
DCZip Code  
20011-5125FEC ID number of contributing  
federal political committee.**C** C00571703

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2026**Transaction ID : SA11C.1**

Amount of Each Receipt this Period

75000000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SLF PAC**

Mailing Address 6218 GEORGIA AVENUE NW STE 1 - 595

City  
WASHINGTONState  
DCZip Code  
20011-5125FEC ID number of contributing  
federal political committee.**C** C00571703

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2026**Transaction ID : SA11C.2**

Amount of Each Receipt this Period

83000000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

158000000.00

**TOTAL** This Period (last page this line number only).....▶

158000000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 28

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

TEXAS PAC

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445 LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB.1

Amount of Each Disbursement this Period

202.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445 LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB.2

Amount of Each Disbursement this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 6 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB.3

Amount of Each Disbursement this Period

74.62

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

382.12

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 28

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**TEXAS PAC**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445 LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 7 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C****Transaction ID : SB.4**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445 LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C****Transaction ID : SB.5**

Amount of Each Disbursement this Period

52.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445 LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C****Transaction ID : SB.7**

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

227.50

|                                     |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 26 | <input type="checkbox"/> | 27  |
| <input type="checkbox"/>            | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

TEXAS PAC

A. MEETING STREET RESEARCH LLC

Category/  
Type

District:

|   |
|---|
| C |
|---|

221000.00

 Memo Item

**B. CHAIN BRIDGE BANK**

Category/  
Type

District:

C

50.00

 Memo Item

### C. CHAIN BRIDGE BANK

Category/  
Type

District:

C

50.00

Memo Item

221100.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

TEXAS PAC

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445 LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB.10

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

25.00

221734.62

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 11 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                                     |                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                           |                                                                                                                                                                                           |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             | New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                          |                                                                                                                                                                                           |
| Full Name of Payee<br>FLEXPOINT MEDIA INC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 12 / 2026                                      |                                                                                                                                                                                           |
| Mailing Address<br>PO BOX 1051                                                                                                                                                                                                                                                                                                                              |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">26982612.80</div>                                                                                              |                                                                                                                                                                                           |
| City<br>NEW ALBANY                                                                                                                                                                                                                                                                                                                                          | State<br>OH | Zip Code<br>43054                                                                                                                                                                                   | <b>Transaction ID : SE24.8</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 11 / 2026 |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                 |                                                                                                                                                                                           |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX<br><input type="checkbox"/> Oppose            |                                                                                                                                                                                           |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                   |                                                                                                                                                                                           |
| Full Name of Payee<br>FLEXPOINT MEDIA INC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 12 / 2026                                      |                                                                                                                                                                                           |
| Mailing Address<br>PO BOX 1051                                                                                                                                                                                                                                                                                                                              |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">26879614.88</div>                                                                                              |                                                                                                                                                                                           |
| City<br>NEW ALBANY                                                                                                                                                                                                                                                                                                                                          | State<br>OH | Zip Code<br>43054                                                                                                                                                                                   | <b>Transaction ID : SE24.9</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 11 / 2026 |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                 |                                                                                                                                                                                           |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX<br><input checked="" type="checkbox"/> Oppose |                                                                                                                                                                                           |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                   |                                                                                                                                                                                           |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">53862227.68</div>                                                                                                        |                                                                                                                                                                                           |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                   |                                                                                                                                                                                           |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                   |                                                                                                                                                                                           |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                                                     |                                                                                                                                                                                           |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 14 / 2026                                                                              |                                                                                                                                                                                           |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                                                                                     |                                                                                                                                                                                           |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                     |                                                                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |             |                                                                                                     | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                                  |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                                                                                             |             |                                                                                                     |                                                                                                                                                                                                                                            |  |
| Full Name of Payee<br>FLEXPOINT MEDIA INC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                |             |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 16 / 2026                                                                    |  |
| Mailing Address<br>PO BOX 1051                                                                                                                                                                                                                                                                                                                              |             |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">829017.20</div>                                                                                                                                       |  |
| City<br>NEW ALBANY                                                                                                                                                                                                                                                                                                                                          | State<br>OH | Zip Code<br>43054                                                                                   | <b>Transaction ID : SE24.13</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 14 / 2026                                        |  |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                                                                                                                            |  |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                |             |                                                                                                     | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             |                                                                                                     | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                          |  |
| Full Name of Payee<br>FLEXPOINT MEDIA INC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                |             |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 16 / 2026                                                                    |  |
| Mailing Address<br>PO BOX 1051                                                                                                                                                                                                                                                                                                                              |             |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">973689.20</div>                                                                                                                                       |  |
| City<br>NEW ALBANY                                                                                                                                                                                                                                                                                                                                          | State<br>OH | Zip Code<br>43054                                                                                   | <b>Transaction ID : SE24.14</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 14 / 2026                                        |  |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                                                                                                                            |  |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             |                                                                                                     | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             |                                                                                                     | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                          |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1802706.40</div>                                                                                                                                                |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                          |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                          |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                     |                                                                                                                                                                                                                                            |  |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |             |                                                                                                     | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 18 / 2026                                                                                                            |  |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                     |                                                                                                                                                                                                                                            |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 13 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                            |                                                                                                                                                                                                     |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             | New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                                                  |                                                                                                                                                                                                     |
| Full Name of Payee<br>FLEXPOINT MEDIA INC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 29 / 2026                                                              |                                                                                                                                                                                                     |
| Mailing Address<br>PO BOX 1051                                                                                                                                                                                                                                                                                                                              |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">28257946.72</div>                                                                                                                               |                                                                                                                                                                                                     |
| City<br>NEW ALBANY                                                                                                                                                                                                                                                                                                                                          | State<br>OH | Zip Code<br>43054                                                                                                                                                                                                                    | <b>Transaction ID : SE24.32</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 24 / 2026 |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                  |                                                                                                                                                                                                     |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00<br><input type="checkbox"/> President State: TX |                                                                                                                                                                                                     |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                    |                                                                                                                                                                                                     |
| Full Name of Payee<br>FLEXPOINT MEDIA INC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 29 / 2026                                                              |                                                                                                                                                                                                     |
| Mailing Address<br>PO BOX 1051                                                                                                                                                                                                                                                                                                                              |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">27942299.52</div>                                                                                                                               |                                                                                                                                                                                                     |
| City<br>NEW ALBANY                                                                                                                                                                                                                                                                                                                                          | State<br>OH | Zip Code<br>43054                                                                                                                                                                                                                    | <b>Transaction ID : SE24.33</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 24 / 2026 |
| Purpose of Expenditure<br>MEDIA                                                                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                  |                                                                                                                                                                                                     |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00<br><input type="checkbox"/> President State: TX |                                                                                                                                                                                                     |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                    |                                                                                                                                                                                                     |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">56200246.24</div>                                                                                                                                         |                                                                                                                                                                                                     |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                    |                                                                                                                                                                                                     |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                    |                                                                                                                                                                                                     |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 30 / 2026                                                                                                      |                                                                                                                                                                                                     |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 14 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                               |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                                                                                                  |  |                                                                                                                                                                         |  |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC<br><input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                          |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 15 / 2026 |  |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                               |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">373961.08</div>                                                                    |  |
| City<br>BAYVILLE      State<br>NJ      Zip Code<br>08721                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                         |  |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                  |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                     |  |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                |  | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                       |  |
| 131529652.10                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                         |  |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC<br><input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                          |  | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 15 / 2026 |  |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                               |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">373961.07</div>                                                                    |  |
| City<br>BAYVILLE      State<br>NJ      Zip Code<br>08721                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                         |  |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                  |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                     |  |
| Name of Federal Candidate:<br>TALARICO, JAMES, ,                                                                                                                                                                                                                                                                                                            |  | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                       |  |
| 131529652.10                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                         |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">747922.15</div>                                                                              |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                       |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                       |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                         |  |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |  | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 17 / 2026                                         |  |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                         |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 15 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                                     |                                                                                                                                                                                                     |
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| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                           |                                                                                                                                                                                                     |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             | New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                                          |                                                                                                                                                                                                     |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC                                                                                                                                                                                                                                                                                                                |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 17 / 2026                             |                                                                                                                                                                                                     |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                               |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">373961.08</div>                                                                                                |                                                                                                                                                                                                     |
| City<br>BAYVILLE                                                                                                                                                                                                                                                                                                                                            | State<br>NJ | Zip Code<br>08721                                                                                                                                                                                   | <b>Transaction ID : SE24.16</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 14 / 2026 |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                 |                                                                                                                                                                                                     |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX<br><input type="checkbox"/> Oppose            |                                                                                                                                                                                                     |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                   |                                                                                                                                                                                                     |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                     |                                                                                                                                                                                                     |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC                                                                                                                                                                                                                                                                                                                |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 17 / 2026                             |                                                                                                                                                                                                     |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                               |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">373961.07</div>                                                                                                |                                                                                                                                                                                                     |
| City<br>BAYVILLE                                                                                                                                                                                                                                                                                                                                            | State<br>NJ | Zip Code<br>08721                                                                                                                                                                                   | <b>Transaction ID : SE24.17</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 14 / 2026 |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                 |                                                                                                                                                                                                     |
| Name of Federal Candidate:<br>TALARICO, JAMES, ,                                                                                                                                                                                                                                                                                                            |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX<br><input checked="" type="checkbox"/> Oppose |                                                                                                                                                                                                     |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                   |                                                                                                                                                                                                     |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                     |                                                                                                                                                                                                     |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">747922.15</div>                                                                                                          |                                                                                                                                                                                                     |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                   |                                                                                                                                                                                                     |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                   |                                                                                                                                                                                                     |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                                                     |                                                                                                                                                                                                     |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 19 / 2026                                                                     |                                                                                                                                                                                                     |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                                                                                     |                                                                                                                                                                                                     |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 16 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                                                                                                                                                                                                                        |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>09 / 21 / 2026 |  |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Amount<br><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">373961.08</div>                                                                                                                                                                                                                                                                                                                          |  |
| City                      State                      Zip Code<br>BAYVILLE                      NJ                      08721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                        |  |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                                                                                                                                                                                                                                                      |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                                                |  |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>09 / 21 / 2026 |  |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Amount<br><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">373961.07</div>                                                                                                                                                                                                                                                                                                                          |  |
| City                      State                      Zip Code<br>BAYVILLE                      NJ                      08721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                        |  |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                                                                                                                                                                                                                                                      |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                                                |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">747922.15</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>09 / 23 / 2026                                         |  |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 17 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">373961.07</div> |                                                                                    |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | Transaction ID : <b>SE24.25</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div>                                                                                                       |                                                                                    |
| City<br>BAYVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State<br>NJ | Zip Code<br>08721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px;"></div> |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.<br><div style="display: inline-block; vertical-align: middle;"><input checked="" type="checkbox"/> Support<br/><input type="checkbox"/> Oppose</div>                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">131529652.10</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">373961.07</div> |                                                                                    |
| City<br>BAYVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | State<br>NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Zip Code<br>08721                                                                  |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,<br><div style="display: inline-block; vertical-align: middle;"><input type="checkbox"/> Support<br/><input checked="" type="checkbox"/> Oppose</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">131529652.10</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%; text-align: right;">747922.14</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div> |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div><br><div style="display: inline-block; vertical-align: middle;">[Electronically Filed]</div>                                                                               |                                                                                    |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 18 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
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| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                                                                                                                                                                                                                        |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>09 / 28 / 2026 |  |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Amount<br><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">373961.08</div>                                                                                                                                                                                                                                                                                                                          |  |
| City                      State                      Zip Code<br>BAYVILLE                      NJ                      08721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                        |  |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                                                                                                                                                                                                                                                      |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                                                |  |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>09 / 28 / 2026 |  |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Amount<br><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">373961.07</div>                                                                                                                                                                                                                                                                                                                          |  |
| City                      State                      Zip Code<br>BAYVILLE                      NJ                      08721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                        |  |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                                                                                                                                                                                                                                                      |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                                                |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">747922.15</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Signature<br><br>HOBBS, CABELL, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>09 / 30 / 2026                                         |  |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 19 OF 28  
 FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |             |                                                                                                                                                    |                                                                                                                       |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |  |             |                                                                                                                                                    | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00960211                                                                     |                                                                                                                                                       |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |  |             |                                                                                                                                                    | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> |                                                                                                                                                       |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC                                                                                                                                                                                                                                                                                                                |  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2026 |                                                                                                                       |                                                                                                                                                       |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                               |  |             | Amount<br><span style="border: 1px solid black; padding: 2px;">373961.08</span>                                                                    |                                                                                                                       |                                                                                                                                                       |
| City<br>BAYVILLE                                                                                                                                                                                                                                                                                                                                            |  | State<br>NJ | Zip Code<br>08721                                                                                                                                  |                                                                                                                       | Transaction ID : SE24.34                                                                                                                              |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                  |  |             | Category/Type <span style="border: 1px solid black; padding: 2px;"></span>                                                                         |                                                                                                                       | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 25 / 2026           |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                |  |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                     |                                                                                                                       | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">131529652.10</span>                                                                                                                                                                                                                            |  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶  |                                                                                                                       |                                                                                                                                                       |
| Full Name of Payee<br>GOLDFINCH PARTNERS LLC                                                                                                                                                                                                                                                                                                                |  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 01 / 2026 |                                                                                                                       |                                                                                                                                                       |
| Mailing Address<br>PO BOX 408                                                                                                                                                                                                                                                                                                                               |  |             | Amount<br><span style="border: 1px solid black; padding: 2px;">373961.07</span>                                                                    |                                                                                                                       |                                                                                                                                                       |
| City<br>BAYVILLE                                                                                                                                                                                                                                                                                                                                            |  | State<br>NJ | Zip Code<br>08721                                                                                                                                  |                                                                                                                       | Transaction ID : SE24.35                                                                                                                              |
| Purpose of Expenditure<br>PRINTING/POSTAGE                                                                                                                                                                                                                                                                                                                  |  |             | Category/Type <span style="border: 1px solid black; padding: 2px;"></span>                                                                         |                                                                                                                       | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 25 / 2026           |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |  |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                     |                                                                                                                       | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">131529652.10</span>                                                                                                                                                                                                                            |  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶  |                                                                                                                       |                                                                                                                                                       |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  |             | <span style="border: 1px solid black; padding: 2px;">747922.15</span>                                                                              |                                                                                                                       |                                                                                                                                                       |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |  |             | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                       |                                                                                                                       |                                                                                                                                                       |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |             | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                       |                                                                                                                       |                                                                                                                                                       |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |             |                                                                                                                                                    |                                                                                                                       |                                                                                                                                                       |
| Signature <u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                         |  |             | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>09 / 30 / 2026                                         |                                                                                                                       |                                                                                                                                                       |

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 20 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                          |                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                |                                                                                                                                                                                           |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             | New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                               |                                                                                                                                                                                           |
| Full Name of Payee<br>IMGE LLC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                           |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 11 / 2026                           |                                                                                                                                                                                           |
| Mailing Address 1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">433071.58</div>                                                                                     |                                                                                                                                                                                           |
| City<br>WASHINGTON                                                                                                                                                                                                                                                                                                                                          | State<br>DC | Zip Code<br>20005                                                                                                                                                                        | <b>Transaction ID : SE24.3</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 11 / 2026 |
| Purpose of Expenditure<br>TEXTING SERVICE                                                                                                                                                                                                                                                                                                                   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                      |                                                                                                                                                                                           |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX<br><input type="checkbox"/> Oppose |                                                                                                                                                                                           |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                        |                                                                                                                                                                                           |
| 131529652.10                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                          |                                                                                                                                                                                           |
| Full Name of Payee<br>IMGE LLC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                           |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 11 / 2026                           |                                                                                                                                                                                           |
| Mailing Address 1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">916291.85</div>                                                                                     |                                                                                                                                                                                           |
| City<br>WASHINGTON                                                                                                                                                                                                                                                                                                                                          | State<br>DC | Zip Code<br>20005                                                                                                                                                                        | <b>Transaction ID : SE24.4</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 11 / 2026 |
| Purpose of Expenditure<br>TEXTING SERVICE                                                                                                                                                                                                                                                                                                                   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                      |                                                                                                                                                                                           |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX<br><input type="checkbox"/> Oppose |                                                                                                                                                                                           |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                        |                                                                                                                                                                                           |
| 131529652.10                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                          |                                                                                                                                                                                           |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1349363.43</div>                                                                                              |                                                                                                                                                                                           |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                        |                                                                                                                                                                                           |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                        |                                                                                                                                                                                           |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                                          |                                                                                                                                                                                           |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 12 / 2026                                                                   |                                                                                                                                                                                           |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                                                                          |                                                                                                                                                                                           |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 21 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                                       | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> |             |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Full Name of Payee<br>IMGE LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                                                                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>09 / 11 / 2026</div></div>                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Mailing Address<br>1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">592651.28</div>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                         |
| City<br>WASHINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State<br>DC | Zip Code<br>20005                                                                                                                                     | <b>Transaction ID : SE24.5</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>09 / 11 / 2026</div></div> |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Purpose of Expenditure<br>TEXTING SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                   | Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR. <span style="float: right;"><input checked="" type="checkbox"/> Support<br/><input type="checkbox"/> Oppose</span>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Full Name of Payee<br>IMGE LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                                                                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>09 / 11 / 2026</div></div>                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Mailing Address<br>1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4245455.41</div>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                         |
| City<br>WASHINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State<br>DC | Zip Code<br>20005                                                                                                                                     | <b>Transaction ID : SE24.6</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>09 / 11 / 2026</div></div> |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Purpose of Expenditure<br>DIGITAL MEDIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                   | Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR. <span style="float: right;"><input checked="" type="checkbox"/> Support<br/><input type="checkbox"/> Oppose</span>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block;">4838106.69</div>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                         |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                          |             |                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | [Electronically Filed]                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>09 / 12 / 2026</div></div> |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 22 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                                                 |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                           |  |
| Full Name of Payee<br>IMGE LLC<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 11 / 2026</div> |  |
| Mailing Address<br>1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">410829.39</div>                                                                                                                                                      |  |
| City                      State                      Zip Code<br>WASHINGTON                      DC                      20005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                           |  |
| Purpose of Expenditure<br>DIGITAL MEDIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                       |  |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                                                                               |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                                         |  |
| Full Name of Payee<br>IMGE LLC<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 21 / 2026</div> |  |
| Mailing Address<br>1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">987752.14</div>                                                                                                                                                      |  |
| City                      State                      Zip Code<br>WASHINGTON                      DC                      20005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                           |  |
| Purpose of Expenditure<br>TEXTING SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                       |  |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                                                                               |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                                         |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">1398581.53</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |  |                                                                                                                                                                                                                                                           |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                           |  |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 12 / 2026</div>                                         |  |

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 23 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                                                                      |                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                            |                                                                                                                                                                                            |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             | New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                           |                                                                                                                                                                                            |
| Full Name of Payee<br>IMGE LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>                                                                                                                                                                                                                                                        |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 21 / 2026                                                                       |                                                                                                                                                                                            |
| Mailing Address 1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1104703.66</div>                                                                                                                                |                                                                                                                                                                                            |
| City<br>WASHINGTON                                                                                                                                                                                                                                                                                                                                          | State<br>DC | Zip Code<br>20005                                                                                                                                                                                                                    | <b>Transaction ID : SE24.19</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 17 / 2026 |
| Purpose of Expenditure<br>TEXTING SERVICE                                                                                                                                                                                                                                                                                                                   |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                  |                                                                                                                                                                                            |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00<br><input type="checkbox"/> President State: TX |                                                                                                                                                                                            |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                    |                                                                                                                                                                                            |
| Full Name of Payee<br>IMGE LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>                                                                                                                                                                                                                                                        |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 21 / 2026                                                                       |                                                                                                                                                                                            |
| Mailing Address 1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1963637.00</div>                                                                                                                                |                                                                                                                                                                                            |
| City<br>WASHINGTON                                                                                                                                                                                                                                                                                                                                          | State<br>DC | Zip Code<br>20005                                                                                                                                                                                                                    | <b>Transaction ID : SE24.22</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 18 / 2026 |
| Purpose of Expenditure<br>DIGITAL MEDIA                                                                                                                                                                                                                                                                                                                     |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                  |                                                                                                                                                                                            |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00<br><input type="checkbox"/> President State: TX |                                                                                                                                                                                            |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                    |                                                                                                                                                                                            |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3068340.66</div>                                                                                                                                          |                                                                                                                                                                                            |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                    |                                                                                                                                                                                            |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                    |                                                                                                                                                                                            |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                                                                                      |                                                                                                                                                                                            |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 23 / 2026                                                                                                               |                                                                                                                                                                                            |
| <i>[Electronically Filed]</i>                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                                                                                      |                                                                                                                                                                                            |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 24 OF 28  
FOR LINE 24 OF FORM 3X

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                            |                                                                                                                                                                                            |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             | New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                           |                                                                                                                                                                                            |
| Full Name of Payee<br>IMGE LLC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                           |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 21 / 2026                                                                       |                                                                                                                                                                                            |
| Mailing Address 1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">709707.30</div>                                                                                                                                 |                                                                                                                                                                                            |
| City<br>WASHINGTON                                                                                                                                                                                                                                                                                                                                          | State<br>DC | Zip Code<br>20005                                                                                                                                                                                                                    | <b>Transaction ID : SE24.23</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 18 / 2026 |
| Purpose of Expenditure<br>DIGITAL MEDIA                                                                                                                                                                                                                                                                                                                     |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                  |                                                                                                                                                                                            |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00<br><input type="checkbox"/> President State: TX |                                                                                                                                                                                            |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                    |                                                                                                                                                                                            |
| Full Name of Payee<br>IMGE LLC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                           |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 29 / 2026                                                                       |                                                                                                                                                                                            |
| Mailing Address 1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                                  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2983131.98</div>                                                                                                                                |                                                                                                                                                                                            |
| City<br>WASHINGTON                                                                                                                                                                                                                                                                                                                                          | State<br>DC | Zip Code<br>20005                                                                                                                                                                                                                    | <b>Transaction ID : SE24.29</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 23 / 2026 |
| Purpose of Expenditure<br>DIGITAL MEDIA                                                                                                                                                                                                                                                                                                                     |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                  |                                                                                                                                                                                            |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00<br><input type="checkbox"/> President State: TX |                                                                                                                                                                                            |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>                                                                                                                                                                                                       |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                    |                                                                                                                                                                                            |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3692839.28</div>                                                                                                                                          |                                                                                                                                                                                            |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                    |                                                                                                                                                                                            |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                    |                                                                                                                                                                                            |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                                                                                      |                                                                                                                                                                                            |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>09 / 23 / 2026                                                                                                               |                                                                                                                                                                                            |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                                                                                                                      |                                                                                                                                                                                            |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 25 OF 28  
FOR LINE 24 OF FORM 3X

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |             |                                                                                                     | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                           |                                                                                                                                 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                                                                                                  |             |                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                 |
| Full Name of Payee<br>IMGE LLC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                           |             |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 29 / 2026                             |                                                                                                                                 |
| Mailing Address<br>1401 H STREET NW SUITE 550                                                                                                                                                                                                                                                                                                               |             |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">709707.30</div>                                                                                                |                                                                                                                                 |
| City<br>WASHINGTON                                                                                                                                                                                                                                                                                                                                          | State<br>DC | Zip Code<br>20005                                                                                   | <b>Transaction ID : SE24.30</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 23 / 2026 |                                                                                                                                 |
| Purpose of Expenditure<br>DIGITAL MEDIA                                                                                                                                                                                                                                                                                                                     |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                                                                                     |                                                                                                                                 |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                         |                                                                                                                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                   |                                                                                                                                 |
| Full Name of Payee<br>RED ELEPHANT STRATEGY LLC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                          |             |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 11 / 2026                             |                                                                                                                                 |
| Mailing Address<br>25475 MARSH LANDING PKWY                                                                                                                                                                                                                                                                                                                 |             |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>                                                                                                 |                                                                                                                                 |
| City<br>PONTE VEDRA BEACH                                                                                                                                                                                                                                                                                                                                   | State<br>FL | Zip Code<br>32082                                                                                   | <b>Transaction ID : SE24.2</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 11 / 2026  |                                                                                                                                 |
| Purpose of Expenditure<br>MEDIA PRODUCTION                                                                                                                                                                                                                                                                                                                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                                                                                     |                                                                                                                                 |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                      | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                         |                                                                                                                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">131529652.10</div>       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                   |                                                                                                                                 |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;">724707.30</div>                                                                                                          |                                                                                                                                 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                   |                                                                                                                                 |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             |                                                                                                     | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                   |                                                                                                                                 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                 |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |             | [Electronically Filed]                                                                              |                                                                                                                                                                                                     | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>09 / 30 / 2026 |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 26 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |             |                                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>                                                                                                         |  |             |                                                                                                                                                                             |  |
| Full Name of Payee<br>RED ELEPHANT STRATEGY LLC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                          |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div><br>09 / 14 / 2026 |  |
| Mailing Address<br>25475 MARSH LANDING PKWY                                                                                                                                                                                                                                                                                                                 |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>                                                                          |  |
| City<br>PONTE VEDRA BEACH                                                                                                                                                                                                                                                                                                                                   |  | State<br>FL | Zip Code<br>32082                                                                                                                                                           |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION                                                                                                                                                                                                                                                                                                                  |  |             | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                          |  |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |  |             | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                 |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                           |  |
| 131529652.10                                                                                                                                                                                                                                                                                                                                                |  |             |                                                                                                                                                                             |  |
| Full Name of Payee<br>RED ELEPHANT STRATEGY LLC <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                          |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div><br>09 / 16 / 2026 |  |
| Mailing Address<br>25475 MARSH LANDING PKWY                                                                                                                                                                                                                                                                                                                 |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div>                                                                          |  |
| City<br>PONTE VEDRA BEACH                                                                                                                                                                                                                                                                                                                                   |  | State<br>FL | Zip Code<br>32082                                                                                                                                                           |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION                                                                                                                                                                                                                                                                                                                  |  |             | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                          |  |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |  |             | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                 |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                           |  |
| 131529652.10                                                                                                                                                                                                                                                                                                                                                |  |             |                                                                                                                                                                             |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>                                                                                                                                                                                                  |  |             |                                                                                                                                                                             |  |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                         |  |             |                                                                                                                                                                             |  |
| <b>(c) TOTAL</b> Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                         |  |             |                                                                                                                                                                             |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |             |                                                                                                                                                                             |  |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |  |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div><br>09 / 16 / 2026                                         |  |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                      |  |             |                                                                                                                                                                             |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 27 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                         |                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                             |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                               |                                                                                                                                                                                                     |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>                                                                                                             |             |                                                                                                                                                                         |                                                                                                                                                                                                     |
| Full Name of Payee<br>RED ELEPHANT STRATEGY LLC<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                 |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>09 / 22 / 2026 |                                                                                                                                                                                                     |
| Mailing Address<br>25475 MARSH LANDING PKWY                                                                                                                                                                                                                                                                                                                 |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">45000.00</div>                                                                     |                                                                                                                                                                                                     |
| City<br>PONTE VEDRA BEACH                                                                                                                                                                                                                                                                                                                                   | State<br>FL |                                                                                                                                                                         |                                                                                                                                                                                                     |
| Purpose of Expenditure<br>MEDIA PRODUCTION                                                                                                                                                                                                                                                                                                                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                     | Transaction ID : <b>SE24.24</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>09 / 18 / 2026 |
| Name of Federal Candidate:<br>TALARICO, JAMES, , ,                                                                                                                                                                                                                                                                                                          |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                          | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                         |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                       |                                                                                                                                                                                                     |
| 131529652.10                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                         |                                                                                                                                                                                                     |
| Full Name of Payee<br>THE HEREFORD AGENCY<br><div style="text-align: right;"><input type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                       |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>09 / 11 / 2026 |                                                                                                                                                                                                     |
| Mailing Address<br>1505 KING STREET                                                                                                                                                                                                                                                                                                                         |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>                                                                     |                                                                                                                                                                                                     |
| City<br>ALEXANDRIA                                                                                                                                                                                                                                                                                                                                          | State<br>VA |                                                                                                                                                                         |                                                                                                                                                                                                     |
| Purpose of Expenditure<br>MEDIA PRODUCTION                                                                                                                                                                                                                                                                                                                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                     | Transaction ID : <b>SE24.1</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>09 / 11 / 2026  |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                          | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: TX                                         |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                       |                                                                                                                                                                                                     |
| 131529652.10                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                         |                                                                                                                                                                                                     |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">70000.00</div>                                                                               |                                                                                                                                                                                                     |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                       |                                                                                                                                                                                                     |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                       |                                                                                                                                                                                                     |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                         |                                                                                                                                                                                                     |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                      |             | Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><br>09 / 24 / 2026                                         |                                                                                                                                                                                                     |
| [Electronically Filed]                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                                                         |                                                                                                                                                                                                     |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 28 OF 28  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>TEXAS PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00960211</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Full Name of Payee<br>THE HEREFORD AGENCY <span style="float: right;"><input type="checkbox"/> Memo Item</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2026</div></div>                             |  |
| Mailing Address<br>1505 KING STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| City<br>ALEXANDRIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State<br>VA | Zip Code<br>22314 | <b>Transaction ID : SE24.36</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">30</div><div style="border: 1px solid black; padding: 2px;">2026</div></div> |  |
| Purpose of Expenditure<br>MEDIA PRODUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Name of Federal Candidate:<br>PAXTON, WARREN, KENNETH, , JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: 00<br>State: TX                                                                                                                                                                                                                                                                                                                              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">131529652.10</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Full Name of Payee<br><span style="float: right;"><input type="checkbox"/> Memo Item</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>                                                                                                                                                                                                                                                                                      |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State       | Zip Code          | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>                                                                                                                                                                                                                                                                                             |  |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Name of Federal Candidate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> Senate<br>District:<br>State:                                                                                                                                                                                                                                                                                                                                                          |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;">131529652.10</div></div></div> |             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Signature<br><u>HOBBS, CABELL, , ,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   | Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">30</div><div style="border: 1px solid black; padding: 2px;">2026</div></div>                                                                     |  |
| <i>[Electronically Filed]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |