

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL CONSERVATIVE TOM SELL FOR CONGRESS			
ADDRESS (number and street) 3521 50TH STREET NUM 1048			
CITY LUBBOCK	STATE TX	ZIP CODE 79413	
2. NAME OF CANDIDATE SELL, TOM, , ,		3. OFFICE SOUGHT (State and District) House TX 19	
		4. FEC IDENTIFICATION NUMBER C00926345	
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME BELL, JERRY, , ,		Name of Employer RETIRED	
MAILING ADDRESS 4003 92ND ST		Date (month, day, year) 02/18/2026	
CITY LUBBOCK	STATE TX	ZIP CODE 79423	Amount 1000.00
		Transaction ID : F65-1060	
B. FULL NAME DEWIT, CODY, , ,		Name of Employer SELF EMPLOYED	
MAILING ADDRESS 5712 1ST PLACE		Date (month, day, year) 02/20/2026	
CITY LUBBOCK	STATE TX	ZIP CODE 79416	Amount 7000.00
		Transaction ID : F65-1082	
C. FULL NAME KANSAS FARM BUREAU VOTERS ORG/ELECT FARM BUREAU FRIENDS FUND (KS FARM BUR VOTE FBF FUND)		Name of Employer	
MAILING ADDRESS 2627 KFB PLAZA		Date (month, day, year) 02/20/2026	
CITY MANHATTAN	STATE KS	ZIP CODE 66503	Amount 1000.00
		Transaction ID : F65-1084	
D. FULL NAME LEE, DAVID, M, ,		Name of Employer RETIRED	
MAILING ADDRESS 5527 78TH ST		Date (month, day, year) 02/18/2026	
CITY LUBBOCK	STATE TX	ZIP CODE 79424	Amount 1000.00
		Transaction ID : F65-1063	
E. FULL NAME MEYERS, LARRY, D, ,		Name of Employer HANCE	
MAILING ADDRESS 412 FIRST STREET. SE SUITE ONE		Date (month, day, year) 02/18/2026	
CITY WASHINGTON	STATE DC	ZIP CODE 20003	Amount 1000.00
		Transaction ID : F65-1067	
SIGNATURE (optional) BOLES, JASON, , ,		DATE 02/20/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE MUSSELMAN, HENRY, , , PO BOX 10609 MIDLAND TX 79702		Name of Employer RETIRED Transaction ID : F65-1083 Occupation RETIRED	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE PORE, ROBERT DAVID, , , 1657 BEULAH RD VIENNA VA 22182		Name of Employer HANCE SCARBOROUGH Transaction ID : F65-1065 Occupation ATTORNEY	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE REYNOLDS, RYAN, , , 4720 120TH PLACE LUBBOCK TX 79424		Name of Employer GRIMES INSURANCE AGENCY Transaction ID : F65-1052 Occupation CEO	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE SAYLOR, DIANE, , , 380 CR 44 MULESHOE TX 79347		Name of Employer RETIRED Transaction ID : F65-1077 Occupation RETIRED	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE SCOTT, JACK, , , 1381 A FM 1054 TAHOKA TX 79373		Name of Employer SELF-EMPLOYED Transaction ID : F65-1075 Occupation FARMER	
		Date (month, day, year)	Amount
		02/20/2026	3500.00
		02/18/2026	1000.00
		02/19/2026	2500.00
		02/20/2026	1000.00
		02/20/2026	1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
SMITH, DALE, , , 418 SOUTH POLK STREET AMARILLO TX 79101		Name of Employer ADOBE WALLS CATTLE COMPANY Transaction ID : F65-1076 Occupation CO-OWNER	
		Date (month, day, year) 02/20/2026	
		Amount 1000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
UNDERWOOD, FRED, , , 5801 16TH. STREET LUBBOCK TX 79416		Name of Employer TRINITY COMPANY Transaction ID : F65-1058 Occupation PRESIDENT	
		Date (month, day, year) 02/18/2026	
		Amount 1000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
ZWIACHER, JOHN, , , 4615 101ST STREET LUBBOCK TX 79424		Name of Employer SCOGGIN-DICKEY CHEVROLET-BUICK-HUMMER Transaction ID : F65-1081 Occupation OWNER	
		Date (month, day, year) 02/20/2026	
		Amount 5000.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Occupation	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer	
		Occupation	
		Date (month, day, year)	
		Amount	

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