FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086798 3 COMMITTEE NAME **OFFICE USE ONLY Texas Parents United** Date Received **ELECTRONICALLY FILED** 10/11/2022 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 667 Date Hand-delivered or Date Postmarked Change of Address Leander, TX 78646 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kristen NAME NICKNAME LAST **SUFFIX** Machicek STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 25402 Gambrel Barn Pl. STREET **ADDRESS** (Residence or Business) Katy, TX 77493 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 25402 Gambrel Barn Pl. MAILING **ADDRESS** Katy, TX 77493 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 536-1920 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 08/17/2022 09/29/2022 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/08/2022 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Parents United			00086798	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Kevin Leverenz Leander ISD S	School Board	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,015.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,234.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,002.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	2,000.00
16 AFFIDAVIT			·	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Kriste	en Machicek	
		Signature of Ca	mpaign Treasurer	
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, ti	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer	administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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						1 490 0 01 2 1
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Parents United				00086798	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		David Doman Leander ISD Sch	ool Board	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	<u> </u>		Coeff Deeps Land 190 C.	al Das :l	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Scott Reese Leander ISD School	oi Board	
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Brandi Burkman Leander ISD S	chool Board	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 24
17 COMMITT	EE NAME rents United	18 Filer ID 00086798	(Ethics Commission Filers)
		00080798	
l	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,890.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 125.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. X	SCHEDULE E: LOANS		\$ 2,000.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 9,234.90
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/24	=
2	FILER NAME Texas Paren	ts United			3	Filer ID (Ethics Commission Filers) 00086798	
4	Date 08/19/2022	 Full name of contributor)	7	Amount of Contribution (\$) \$50.00)
8	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		_
	Date 08/22/2022	Full name of contributor out-of-state PAC (ID#:_ Bowman, Paul Contributor address; City; State; Zip Code Cedar Park, TX 78613-3266		Dell		Amount of Contribution (\$) \$100.00	=
	Principal occupation / Job title (See Instructions) Sales Employer (See Instructions) Dell		<u>I</u> S)		-		
	Date 08/24/2022	Full name of contributor out-of-state PAC (ID#:_ Bowman, Paul Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$) \$2,000.00	-
	Principal occu Sales	Cedar Park, TX 78613-3266 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		_
	Date 08/17/2022	Full name of contributor out-of-state PAC (ID#:_ Bowman, Paul Contributor address; City; State; Zip Code Cedar Park, TX 78613-3266)		Amount of Contribution (\$) \$100.00	-
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Dell	<u> </u> 5)		_
	Date 09/28/2022	Full name of contributor out-of-state PAC (ID#:_ Cathan, Cush and Donna Contributor address; City; State; Zip Code Lynchburg, VA 24502)		Amount of Contribution (\$) \$250.00	-
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	s)		_

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/24	
2	FILER NAME Texas Parer			3	Filer ID (Ethics Commission 00086798	n Filers)
4	Date 09/12/2022	 Full name of contributor out-of-state PAC (ID#:_ Erickson, Francine Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Georgetown, TX 78628	10 - 1 (0 1 1 1			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions None)		
	Date 08/23/2022	Full name of contributor out-of-state PAC (ID#:_Ford, Shelly Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired		Retired			
	Date 09/27/2022	Full name of contributor out-of-state PAC (ID#:_ Henry, Tom Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Austin, TX 78732				
	Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 09/25/2022	Full name of contributor out-of-state PAC (ID#:_ Herrera, Michael Contributor address; City; State; Zip Code Leander, TX 78641			Amount of Contribution (\$)	\$500.00
	Principal occu GM	pation / Job title (See Instructions)	Employer (See Instructions CSSI)		
	Date 08/21/2022	Full name of contributor out-of-state PAC (ID#:_Holman, Donna Contributor address; City; State; Zip Code Kokomo, IN 46902			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		E A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/24		
2	FILER NAME Texas Paren	ts United			3	Filer ID (Ethics Commission 00086798	n Filers)
4	Date 09/27/2022	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Date 09/02/2022	Contributor address; City; State; Zip Code		Retired		Amount of Contribution (\$)	\$50.00
Leander, TX 78613 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired		<u> </u> s)					
	Date 08/23/2022	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$500.00
	Principal occu Senior VP	Cedar Park, TX 78613 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/26/2022	Full name of contributor				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	Leander, TX 78641 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 09/12/2022	Full name of contributor out-of-state PAC McMillion, Charles Contributor address; City; State; Zip Code Leander, TX 78641	I : (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/24	
2	FILER NAME Texas Parer			3	Filer ID (Ethics Commission 00086798	Filers)
4	Date 09/27/2022 5 Full name of contributor out-of-state PAC (ID#:) Moore, Laurie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$200.00	
		Austin, TX 78613-3266				
8	Principal occu Sales	upation / Job title (See Instructions)	9 Employer (See Instructions Dell	5)		
	Date 09/22/2022	Full name of contributor out-of-state PAC (ID#:_ Neeville, Vera Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	Leander, TX 78641 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 09/27/2022	Full name of contributor out-of-state PAC (ID#:_Parks, Trista Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$400.00
		Cedar Park, TX 78613				
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions None	s)		
	Date 09/13/2022	Full name of contributor out-of-state PAC (ID#:_Smith, Belinda Contributor address; City; State; Zip Code Cedar Park, TX 78613)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	<u>. </u>		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Texas Parents United** 00086798 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/23/2022 Davis, Laura \$125.00 Partial venue payment for 7 Contributor address; City; State; Zip Code Canidate Quorum. Leander, TX 78641 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Homemaker None 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete this	form.	1	ages Schedule E: '1 Rpt: 10/24
2	FILER NAME Texas Parents U	Jnited		3 Filer ID 000867	(Ethics Commission Filers) 798
4	TOTAL OF UN	IITEMIZED LOANS		1	\$
5	Date of loan 09/12/2022	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$) \$2,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Leander, TX 78641			11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction None	s)	
14	Description of Coll X None	ateral	15 Check if personal funds w	ere deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;	Zip Code		
20	Principal occupation	I on	21 Employer (See Instruction	s)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1: Sch: 1/14 Rpt: 11/24	FILER NAME Texas Parents United	3 Filer ID (Ethics Commission Filers) 00086798
4 Date 08/19/2022	5 Payee name Anedot	00000730
6 Amount (\$) \$2.30 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip C 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Service fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
Date 08/21/2022	Payee name Anedot	
Amount (\$) \$1.10 Expenditure from corporate funds	Payee address; City; State; Zip C 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot service fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held
Date 08/22/2022	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip C 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot service fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 2/14 Rpt: 12/24	2 FILER NAME Texas Parents United 3 Filer ID (Ethics Commission Filers) 00086798
4 Date 08/23/2022	5 Payee name Anedot
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave
Expenditure from corporate funds	Suite 106 Baton Rouge, LA 70808
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 08/23/2022	Payee name Anedot
Amount (\$) \$20.30	Payee address; City; State; Zip Code 5555 Hilton Ave
Expenditure from corporate funds	Suite 106 Baton Rouge, LA 70808
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 08/24/2022	Payee name Anedot
Amount (\$) \$80.30 Expenditure from corporate funds	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Tra
Wages/Contract Labor OT

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/14 Rpt: 13/24	Texas Parents United 00086798
4 Date	5 Payee name
09/02/2022	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.30	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Anedot service fee
	Alledot Service lee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/13/2022	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$0.70	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Anedot service fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/22/2022	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$0.70	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Anedot service fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/14 Rpt: 14/24	2 FILER NAME Texas Parents United 3 Filer ID (Ethics Commission Filers) 00086798
4 Date 09/25/2022	5 Payee name Anedot
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Service fee
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 09/26/2022	Payee name Anedot
Amount (\$) \$20.30 Expenditure from corporate funds	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Service fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 09/27/2022	Payee name Anedot
Amount (\$) \$4.30 Expenditure from corporate funds	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing E	Expen Wage	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 15/24		Texas Parents United		00086798
4	Date	5	Payee name		
	09/27/2022		Anedot		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$2.30		5555 Hilton Ave		
_	Expenditure from		Suite 106		
L	corporate funds		Baton Rouge, LA 70808		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Anedot service fee
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou	ught	t Office held
	oxponditure to beliefft C/Or	_			
	Date		Payee name		
	08/17/2022		Anedot		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$3.30		5555 Hilton Ave		
_	T Expenditure from		Suite 106		
L	corporate funds		Baton Rouge, LA 70808		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Anedot service fee
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/O	Η			
	Date		Payee name		
	08/17/2022	L	Anedot		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$3.30		5555 Hilton Ave		
	Expenditure from		Suite 106		
	corporate funds		Baton Rouge, LA 70808		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	-				Check if Austin, TX, officeholder living expense Anedot service fee
					, aloud dollard loo
	Complete ONLY if direct	L(Candidate/Officeholder name Office sou	<u>l</u> ught	t Office held
	expenditure to benefit C/O			J ,	
Eor	rms provided by Tayas F	thic	es Commission waxay athics state to u	IIC.	Version V2 5 1 9h/250f1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 6/14 Rpt: 16/24	Texas Parents United 00086798
4 Date	5 Payee name
08/17/2022	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.30	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Anedot service fee
	Alledot service lee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Г _
Date	Payee name
09/01/2022	C3 Management
Amount (\$)	Payee address; City; State; Zip Code
\$243.00	6255 Willers Way, Houston, Tx
Expenditure from corporate funds	Houston, TX 77057
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bookkeeping/Accounting Services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/21/2022	Carter, Charles
Amount (\$)	Payee address; City; State; Zip Code
\$1,375.00	234 Olde Oaks
Ψ1,010.00	204 Clad Calls
Expenditure from corporate funds	Georgetown, TX 78633
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Sign Installation: In-kind to Scott Reese
Complete CAU V if direct	Condidate/Officeholder name Office sought Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	 Gift/Awards/Memorials Expense Printing 	Expense Expense s/Wages/Contract Labor complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)			
Sch: 7/14 Rpt: 17/24	Texas Parents United		00086798			
4 Date	5 Payee name	•				
09/21/2022	Carter, Charles					
6 Amount (\$)	7 Payee address; City; State; Zip (Code				
\$1,375.00	234 Olde Oaks					
Expenditure from corporate funds	Georgetown, TX 78633					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Advertising Expense		side of Texas. Complete Schedule T. X, officeholder living expense			
		 	n: In-kind to Kevin Leverenz			
			S Issue to Revisi Edvelone			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office solu-	Dught	Office held			
Date	Payee name					
09/06/2022	Cato, Nicole					
Amount (\$)	Payee address; City; State; Zip (Code				
\$145.00	305 Golden Gate Dr.					
Expenditure from						
corporate funds	Leander, TX 78641					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Loan Repayment/Reimbursement	I <u>—</u>	side of Texas. Complete Schedule T. X, officeholder living expense			
		oursement				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	pught	Office held			
Date	Payee name					
08/17/2022	Dirt Cheap Signs					
Amount (\$)	Payee address; City; State; Zip (Code				
\$1,275.25	6706 Loham Ford Rd.					
Expenditure from corporate funds	Lago Vista, TX 78645					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Advertising Expense	· ·	side of Texas. Complete Schedule T. X, officeholder living expense			
		_	o Kevin Leverenz			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office self	ought	Office held			
	this Commission					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/14 Rpt: 18/24	Texas Parents United 00086798
4 Date	5 Payee name
08/17/2022	Dirt Cheap Signs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,275.25	6706 Loham Ford Rd.
Expenditure from corporate funds	Lago Vista, TX 78645
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Signs: In-kind to Scott Reese
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1
Date	Payee name
09/01/2022	Dirt Cheap Signs
Amount (\$)	Payee address; City; State; Zip Code
\$248.43	6706 Loham Ford Rd.
Ψ2-1010	oros Estanti oldina.
Expenditure from corporate funds	Lago Vista, TX 78645
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Decal Signs: In-kind to Kevin Leverenz
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/01/2022	Dirt Cheap Signs
Amount (\$)	Payee address; City; State; Zip Code
\$248.43	6706 Loham Ford Rd.
Expenditure from	
corporate funds	Lago Vista, TX 78645
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Decal Signs: in-kind to Scott Reese
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/14 Rpt: 19/24	Texas Parents United 00086798
4 Date	5 Payee name
09/27/2022	Paypal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.27	2211 N 1St
- "	
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Paypal service fee
	T dyput service fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	the state of the s
Date	Payee name
09/12/2022	Paypal
Amount (\$)	Payee address; City; State; Zip Code
\$8.97	2211 N 1St
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Paypal service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2022	Quantum Digital
Amount (\$)	Payee address; City; State; Zip Code
\$77.94	8702 Cross Park Dr.
Expenditure from corporate funds	Austin, TX 78754-5235
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Info flyers: in-kind to Scott Reese
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/14 Rpt: 20/24	Texas Parents United 00086798
4 Date	5 Payee name
09/26/2022	Quantum Digital
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$77.94	8702 Cross Park Dr.
Expenditure from corporate funds	Austin, TX 78754-5235
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Info flyers: in-kind to Kevin Leverenz
	ililo liyers. Ili-kilid to kevili Leverenz
O Complete ONE VIII	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
08/26/2022	Quantum Digital
Amount (\$)	Payee address; City; State; Zip Code
\$77.94	8702 Cross Park Dr.
Expenditure from corporate funds	Austin, TX 78754-5235
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Info flyers: in-kind to David Doman
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioliture to benefit C/Oi	
Date	Payee name
08/26/2022	Quantum Digital
Amount (\$)	Payee address; City; State; Zip Code
\$77.94	8702 Cross Park Dr.
Ψ11.54	
Expenditure from corporate funds	Austin, TX 78754-5235
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Info Flyers: In-kind do Brandi Buckman
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)						
•	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 11/14 Rpt: 21/24	Texas Parents United	00086798						
4 Date	5 Payee name							
09/14/2022	Randalls							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$12.98	3441 Lakeline Blvd.							
Expenditure from corporate funds	Leander, TX 78641							
8 PURPOSE								
OF		outside of Texas. Complete Schedule T.						
EXPENDITURE	Onto Wards/Weinerland Expense	ı, TX, officeholder living expense						
	Flowers for P	PAC meetings to seek endorsements.						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
expenditure to benefit C/O)H							
Date	Payee name							
09/01/2022	Texas Values							
Amount (\$)	Payee address; City; State; Zip Code							
\$300.00	1005 Congress Ave.							
	Suite 910							
Expenditure from corporate funds	Austin, TX 78701							
PURPOSE								
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.						
EXPENDITURE	Event Expense	ı, TX, officeholder living expense						
	Event							
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
expenditure to benefit C/O)H							
Date	Payee name							
08/31/2022	Upstart Strategies, LLC							
Amount (\$)	Payee address; City; State; Zip Code							
\$959.70								
Ψ303.10	2000 Garrett Gove							
Expenditure from	Codor Bork, TV 70612							
corporate funds	Cedar Park, TX 78613							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.						
EXPENDITURE	Consuming Expense	n, TX, officeholder living expense						
	Consultant fe							
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
expenditure to benefit C/O								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/14 Rpt: 22/24	Texas Parents United 00086798
4 Date	5 Payee name
09/29/2022	Upstart Strategies, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$768.56	2300 Garrett Cove
Expenditure from corporate funds	Cedar Park, TX 78613
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Consulting fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Davis same
	Payee name
09/08/2022	Vonage
Amount (\$)	Payee address; City; State; Zip Code
\$95.09	3703 Telephone Road
Expenditure from corporate funds	Houston, TX 77023
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Phone
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/22/2022	Wix
Amount (\$)	Payee address; City; State; Zip Code
\$100.67	500 Tery A Francois Blvd FI 6
Expenditure from	05
corporate funds	San Francisco, CA 94158
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:			3 Filer ID	(Ethics Commission Filers)				
	Sch: 13/14 Rpt: 23/24	Texas Parents United		00086798					
4	Date	Payee name							
	08/25/2022	Wix							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$85.51	500 Tery A Francois Blvd Fl 6							
	Expenditure from corporate funds	San Francisco, CA 94158							
8	PURPOSE OF	, ,	Description	uitcide of Toyon Com	anloto Schodulo T				
	EXPENDITURE	Advertising Expense		outside of Texas. Com TX, officeholder living					
			Website						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld				
	experialitire to beriefft C/Of								
	Date	Payee name							
	09/12/2022	Wix							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$58.45	500 Tery A Francois Blvd Fl 6							
	Expenditure from corporate funds	San Francisco, CA 94158							
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b)	Description						
	EXPENDITURE	Advertising Expense	=	outside of Texas. Com TX, officeholder living					
			Website	,	5 				
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld				
	expenditure to benefit C/OI								
	Date	Payee name							
	09/23/2022	Wix							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$100.67	500 Tery A Francois Blvd FI 6							
	Expenditure from corporate funds	San Francisco, CA 94158							
	PURPOSE OF	,	Description						
	EXPENDITURE	Advertising Expense		outside of Texas. Com TX, officeholder living					
			Website	, sscriolaer iiviii(g				
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld				
	expenditure to benefit C/OI								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaring Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu			pense /ages/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 14/14 Rpt: 24/24		Texas Pare						00086798		
4	Date	5	Payee name								
	09/26/2022		Wix								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Coo	de				
	\$85.51		500 Tery A	Francois Blvd Fl	6						
			•								
╚	Expenditure from corporate funds		San Francis	sco, CA 94158							
8	PURPOSE	(a)	Category (s	ee Categories listed at th	e ton of this sch	edule)	(b) Description				
	OF	 `	Advertising		c top of this sen	cuuic)	_	l outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	in, TX	, officeholder living	expense	
							Website				
9	Complete ONLY if direct expenditure to benefit C/O	Η (Candidate/Off	ceholder name	C	Office souç	yht		Office he	eld	