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) 00083405 3 COMMITTEE NAME **OFFICE USE ONLY UP NEXT TEXAS** Date Received **ELECTRONICALLY FILED** 07/16/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6814 E. Riverside Dr. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78741 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Patrick J. NAME NICKNAME LAST **SUFFIX** McDonald STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6814 E. Riverside Dr. Unit 42 STREET **ADDRESS** (Residence or Business) Austin, TX 78741 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6814 E. Riverside Dr. Unit 42 MAILING **ADDRESS** Austin, TX 78741 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 317-0435 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/08/2023 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
UP NEXT TEXAS			00083405	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	689.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	796.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	96.29
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Patrick	J. McDonald	
		Signature of Car	mpaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
organical or officer au	g outi		11.00 01 0111	oo. daminotoring oddi

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					3 of 23
		TEXAS	18 Filer ID 00083405	(Ethics Co	mmission Filers)
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	689.40
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION 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 C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	796.35
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/23	
2	FILER NAME UP NEXT TE			3	Filer ID (Ethics Commission 00083405	ı Filers)
4	Date 03/13/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_	Dringing! goog	Austin, TX 78741	O Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_ Campaign Services LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions)		
		,	, , ,			
	Date 06/06/2023	Full name of contributor out-of-state PAC (ID#:_ Campaign Services LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.00
		Austin, TX 78741				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/01/2023	Full name of contributor out-of-state PAC (ID#:_ Evans, Steven Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Acton, MA 17200 pation / Job title (See Instructions)	Employer (See Instructions)		
	Educator	pation 7 oob title (oce monucions)	Self			
	Date 02/01/2023	Full name of contributor out-of-state PAC (ID#:_Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200)		Amount of Contribution (\$)	\$3.00
	Principal occu Educator	pation / Job title (See Instructions)	Employer (See Instructions Self)		

The Instruction Guide explains how to complete this form. 1 Total pages Sche Sch: 2/13 Rpt: \$2 Fill.R NAME UP NEXT TEXAS 3 Filer ID (Ethics 00083405 4 Date O3/01/2023	SCHEDULE A1
UP NEXT TEXAS 4 Date	
O3/01/2023 Evans, Steven 6 Contributor address; City; State; Zip Code Acton, MA 17200 9 Employer (See Instructions) Self	Commission Filers)
8 Principal occupation / Job title (See Instructions) Educator Date O4/01/2023 Full name of contributor Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Educator Date O5/01/2023 Full name of contributor Contributor address; City; State; Zip Code Evans, Steven Contributor address; City; State; Zip Code Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Educator Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Educator Date O6/01/2023 Full name of contributor O6/01/2023 Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Educator Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of Contributor Self Acton, MA 17200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of Contributor Self Acton, MA 17200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contributor Self Acton, Ma 17200 Acton, Ma 17200 Principal occupation / Job title (See Instructions) Amount of Contributor Self	ibution (\$) \$3.00
Date Full name of contributor out-of-state PAC (ID#:	
O4/01/2023	
Principal occupation / Job title (See Instructions) Educator Date O5/01/2023 Full name of contributor Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Educator Date O6/01/2023 Full name of contributor O6/01/2023 Full name of contributor Contributor address; City; State; Zip Code Employer (See Instructions) Self Amount of Contributor O6/01/2023 Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of Contributor Amount of Contributor Out-of-state PAC (ID#:	ibution (\$) \$3.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor O5/01/2023 Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Employer (See Instructions) Self Amount of Contributor Odf-of-state PAC (ID#:) Amount of Contributor Odf-of-state PAC (ID#:) Amount of Contributor Contributor address; City; State; Zip Code Acton, MA 17200 Employer (See Instructions) Employer (See Instructions) Educator Self Self Amount of Contributor Out-of-state PAC (ID#:) Amount of Contributor Out-of-state PAC (ID#:	
Date Full name of contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Acton, MA 17200 Employer (See Instructions) Employer (See Instructions) Self Amount of Contributor Out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions) Educator Date O6/01/2023 Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Educator Employer (See Instructions) Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Educator Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor Contributor	ibution (\$) \$3.00
Date Full name of contributor out-of-state PAC (ID#:	
06/01/2023 Evans, Steven Contributor address; City; State; Zip Code Acton, MA 17200 Principal occupation / Job title (See Instructions) Educator Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor	
Principal occupation / Job title (See Instructions) Educator Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor	ibution (\$) \$3.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor	
O6/06/2023 Fly, William Contributor address; City; State; Zip Code Garland, TX 75043	ibution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed Employer (See Instructions) Not employed	

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/23	
2	FILER NAME UP NEXT TE	EXAS			3	Filer ID (Ethics Commission 00083405	Filers)
4	Date 06/30/2023	Garza, Margaret 6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu Not Employe		9	Employer (See Instructions Not Employed)		
	Date 01/13/2023	Full name of contributor Hepler, Ron Contributor address; City; State; Round Rock, TX 78665	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 02/13/2023	Full name of contributor Hepler, Ron Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$3.00
	Deinsinal assu	Round Rock, TX 78665		Franks voy (Coo la structiona			
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	,		
	Date 03/13/2023	Full name of contributor Hepler, Ron Contributor address; City; State; Round Rock, TX 78665	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 04/13/2023	Full name of contributor Hepler, Ron Contributor address; City; State; Round Rock, TX 78665	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$3.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/23	
2	FILER NAME UP NEXT TE			3	Filer ID (Ethics Commission 00083405	Filers)
4	Date 05/15/2023	 Full name of contributor out-of-state PAC (ID#:_ Hepler, Ron Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
8	Principal occu	Round Rock, TX 78665 spation / Job title (See Instructions)	9 Employer (See Instructions			
	Not Employe		Not Employed	,		
	Date 06/13/2023	Full name of contributor out-of-state PAC (ID#:_ Hepler, Ron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3.00
	Principal occu	Round Rock, TX 78665 upation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed			
	Date 01/01/2023	Full name of contributor out-of-state PAC (ID#:_ Kasper, Billie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
		Terrell, TX 75160				
	Principal occu Flower Bask	pation / Job title (See Instructions) ret	Employer (See Instructions Self)		
	Date 02/01/2023	Full name of contributor out-of-state PAC (ID#:_ Kasper, Billie Contributor address; City; State; Zip Code Terrell, TX 75160			Amount of Contribution (\$)	\$3.00
	Principal occu Flower Bask	I pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 03/01/2023	Full name of contributor out-of-state PAC (ID#:_Kasper, Billie Contributor address; City; State; Zip Code Terrell, TX 75160			Amount of Contribution (\$)	\$3.00
	Principal occu Flower Bask	upation / Job title (See Instructions) ret	Employer (See Instructions Self)		

	MONEI	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this forr	m.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/23	
2	FILER NAME UP NEXT TE				3	Filer ID (Ethics Commission 00083405	Filers)
4	Date 04/01/2023	 Full name of contributor out Kasper, Billie Contributor address; City; State; Zip Terrell, TX 75160 	t-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
8	Principal occu Flower Bask	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 05/01/2023	Kasper, Billie Contributor address; City; State; Zip	t-of-state PAC (ID#: D Code)		Amount of Contribution (\$)	\$3.00
	Principal occu Flower Bask	pation / Job title (See Instructions) et		Employer (See Instructions Self	5)		
	Date 06/01/2023	Full name of contributor out Kasper, Billie Contributor address; City; State; Zig	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Deinsinal assu	Terrell, TX 75160		Franksian (Caa Instructions	_		
	Flower Bask	pation / Job title (See Instructions) et		Employer (See Instructions Self	•)		
	Date 01/17/2023	Full name of contributor out Kline, Julie Contributor address; City; State; Zip Minneapolis, MN 55431	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Creative Dire	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/17/2023	Full name of contributor out Kline, Julie Contributor address; City; State; Zip Minneapolis, MN 55431	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Creative Dire	pation / Job title (See Instructions) ector		Employer (See Instructions BIW	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/23	
2	FILER NAME UP NEXT TE	EXAS		3	Filer ID (Ethics Commission 00083405	Filers)
4	Date 03/17/2023	 Full name of contributor out-of-state PAC (ID#: Kline, Julie Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Minneapolis, MN 55431 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Ŭ	Creative Dire		BIW	٥,		
	Date 04/17/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Minneapolis, MN 55431 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Creative Dire	ector	BIW			
	Date 05/17/2023	Full name of contributor out-of-state PAC (ID#: Kline, Julie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Minneapolis, MN 55431				
	Principal occu Creative Dire	pation / Job title (See Instructions) ector	Employer (See Instructions BIW	s)		
	Date 06/17/2023	Full name of contributor out-of-state PAC (ID#: Kline, Julie Contributor address; City; State; Zip Code Minneapolis, MN 55431			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Creative Dire	ector	BIW			
	Date 01/28/2023	Full name of contributor out-of-state PAC (ID#: Mathisen, Kathryn Contributor address; City; State; Zip Code Castro Valley, CA 94546			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)	Employer (See Instructions e-Recycling of CA	s)		
	Principal occu Compliance		Employer (See Instructions e-Recycling of CA	S)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/23	
2	FILER NAME UP NEXT TE	EXAS			3	Filer ID (Ethics Commission 00083405	Filers)
4	Date 02/28/2023	5 Full name of contributor Mathisen, Kathryn6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$5.00
_	Dein sin al acces	Castro Valley, CA 94546	la la	English (On Instruction	<u></u>		
8	Compliance	pation / Job title (See Instructions) Mgr		Employer (See Instructions e-Recycling of CA	5)		
	Date 03/28/2023	Full name of contributor Mathisen, Kathryn Contributor address; City; State;				Amount of Contribution (\$)	\$5.00
	Principal occu	Castro Valley, CA 94546 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Compliance			e-Recycling of CA			
	Date 04/28/2023	Full name of contributor Mathisen, Kathryn Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Castro Valley, CA 94546					
	Principal occu Compliance	pation / Job title (See Instructions) Mgr		Employer (See Instructions e-Recycling of CA	5)		
	Date 05/28/2023	Full name of contributor Mathisen, Kathryn Contributor address; City; State; Castro Valley, CA 94546	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Compliance	pation / Job title (See Instructions) Mgr		Employer (See Instructions e-Recycling of CA	()		
	Date 06/28/2023	Full name of contributor Mathisen, Kathryn Contributor address; City; State; Castro Valley, CA 94546	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Compliance	pation / Job title (See Instructions) Mgr		Employer (See Instructions e-Recycling of CA	5)		
	-		I	<u>-</u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/23	
2	FILER NAME UP NEXT TE			1	Filer ID (Ethics Commission 00083405	Filers)
4	Date 02/26/2023	 Full name of contributor		╄	Amount of Contribution (\$)	\$1.11
8	Principal occu	Austin, TX 78741 pation / Job title (See Instructions)	9 Employer (See Instructions	e)		
0	Not Employe		Not Employed	5)		
	Date 02/26/2023	Full name of contributor out-of-state PAC (ID# McDonald, Patrick Contributor address; City; State; Zip Code Austin, TX 78741	:)		Amount of Contribution (\$)	\$1.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date 03/26/2023	Full name of contributor	:)		Amount of Contribution (\$)	\$1.85
		Austin, TX 78741				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID# McDonald, Patrick Contributor address; City; State; Zip Code Austin, TX 78741	:)		Amount of Contribution (\$)	\$1.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe	ed	Not Employed			
	Date 05/02/2023	Full name of contributor out-of-state PAC (ID# McDonald, Patrick Contributor address; City; State; Zip Code Austin, TX 78741	:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/23	
2	FILER NAME UP NEXT TE			3	Filer ID (Ethics Commission 00083405	ı Filers)
4	Date 05/02/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78741 spation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>		
Ū	Not Employe		Not Employed	٥,		
	Date 05/02/2023	Full name of contributor out-of-state PAC (ID# McDonald, Patrick Contributor address; City; State; Zip Code Austin, TX 78741	:)		Amount of Contribution (\$)	\$70.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Not Employe	ed	Not Employed			
	Date 05/09/2023	Full name of contributor	:)		Amount of Contribution (\$)	\$20.03
		Austin, TX 78741				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 05/26/2023	Full name of contributor out-of-state PAC (ID# McDonald, Patrick Contributor address; City; State; Zip Code Austin, TX 78741	:)		Amount of Contribution (\$)	\$1.85
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID# McDonald, Patrick Contributor address; City; State; Zip Code Austin, TX 78741	:)		Amount of Contribution (\$)	\$1.85
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		

MONE	TARY POLITICAL CONTRIBUT	TONS	SCHEDULE A1
The Instru	uction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/23
2 FILER NAME UP NEXT T			3 Filer ID (Ethics Commission Filers) 00083405
4 Date 04/26/2023	5 Full name of contributor ut-of-state PAC (I		7 Amount of Contribution (\$) \$1.6
	Austin, TX 78735		
8 Principal occ Consultant	cupation / Job title (See Instructions)	9 Employer (See Instructions Campaign Services LLC	
Date 05/26/2023	1	D#:)	Amount of Contribution (\$)
Dringing loss	Austin, TX 78735	Employer (Coo Instructions	
Consultant	cupation / Job title (See Instructions)	Employer (See Instructions Campaign Services LLC	
Date 06/26/2023	Full name of contributor out-of-state PAC (II McDonald, Patrick J Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$1.6
	Austin, TX 78735		
Principal occ Consultant	cupation / Job title (See Instructions)	Employer (See Instructions Campaign Services LLC	
Date 03/22/2023		D#:)	Amount of Contribution (\$) \$5.0
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
State of Te	xas	State of Texas	
Date 04/22/2023		D#:)	Amount of Contribution (\$) \$5.0
	Aliania, GA 30309		

The Instruction Guide explains how to complete this form. 1 Total pages S Sch: 11/13 F Sch: 11/13 F 1 Fill riD (Eth O5/22/2023	SCHEDULE A1	
UP NEXT TEXAS 4 Date		
McDonald, Stephen 6 Contributor address; City; State; Zip Code	nics Commission Filers)	
State of Texas	entribution (\$) \$5.00	
Date O6/22/2023 Full name of contributor		
O6/22/2023 McDonald, Stephen Contributor address; City; State; Zip Code Atlanta, GA 30309 Principal occupation / Job title (See Instructions) State of Texas Date O1/28/2023 Pull name of contributor out-of-state PAC (ID#: Amount of Countributor address; City; State; Zip Code Santa Rosa, CA 95407 Principal occupation / Job title (See Instructions) Electrician Date O2/28/2023 Pull name of contributor out-of-state PAC (ID#: Self Date O2/28/2023 Self Principal occupation / Job title (See Instructions) Electrician Employer (See Instructions) Self Amount of Co Reuert, Michael Contributor address; City; State; Zip Code Santa Rosa, CA 95407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employer (See Instructions) Self		
Principal occupation / Job title (See Instructions) State of Texas Date O1/28/2023 Pull name of contributor out-of-state PAC (ID#:	ntribution (\$) \$5.00	
State of Texas Date		
O1/28/2023 Neuert, Michael Contributor address; City; State; Zip Code Santa Rosa, CA 95407 Principal occupation / Job title (See Instructions) Electrician Date O2/28/2023 Full name of contributor out-of-state PAC (ID#:		
Principal occupation / Job title (See Instructions) Electrician Date Date O2/28/2023 Neuert, Michael Contributor address; City; State; Zip Code Santa Rosa, CA 95407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Self	entribution (\$) \$10.00	
Electrician Date Full name of contributor out-of-state PAC (ID#:) Amount of Co 02/28/2023 Neuert, Michael Contributor address; City; State; Zip Code Santa Rosa, CA 95407 Principal occupation / Job title (See Instructions) Electrician Employer (See Instructions) Self		
O2/28/2023 Neuert, Michael Contributor address; City; State; Zip Code Santa Rosa, CA 95407 Principal occupation / Job title (See Instructions) Electrician Employer (See Instructions) Self		
Principal occupation / Job title (See Instructions) Electrician Employer (See Instructions) Self	ntribution (\$) \$10.00	
Electrician		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Co		
03/28/2023 Neuert, Michael Contributor address; City; State; Zip Code Santa Rosa, CA 95407	entribution (\$) \$10.00	
Principal occupation / Job title (See Instructions) Electrician Employer (See Instructions) Self		

MONE	TARY POLITICAL CONTRIBUTION	SCHEDULE A1		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/23	
2 FILER NAM UP NEXT			3 Filer ID (Ethics Commission Fil 00083405	ers)
4 Date 04/28/2023	5 Full name of contributor ut-of-state PAC (ID#		7 Amount of Contribution (\$)	\$10.00
	Santa Rosa, CA 95407	<u></u>		
8 Principal occ Electrician	cupation / Job title (See Instructions)	9 Employer (See Instructions Self)	
Date 05/28/2023			Amount of Contribution (\$)	\$10.00
Principal oc	Santa Rosa, CA 95407 cupation / Job title (See Instructions)	Employer (See Instructions)	
Electrician Self			,	
Date 06/28/2023	Full name of contributor out-of-state PAC (ID# Neuert, Michael Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$10.00
	Santa Rosa, CA 95407			
Principal occ Electrician	cupation / Job title (See Instructions)	Employer (See Instructions Self)	
Date 01/28/2023	Date Full name of contributor out-of-state PAC (ID#:) 01/28/2023 Volodarsky, Mike Contributor address; City; State; Zip Code Wynnewood , PA 19096		Amount of Contribution (\$)	\$50.00
Principal occupation / Job title (See Instructions) Emp		Employer (See Instructions)	
Software Developer		Self		
Date	02/28/2023 Volodarsky, Mike Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
02/20/2020	Contributor address; City; State; Zip Code Wynnewood , PA 19096			

2 FILER NAME UP NEXT TEXAS	Total pages Schedule A1: Sch: 13/13 Rpt: 16/23 Filer ID (Ethics Commission Filers) 00083405 Amount of Contribution (\$) \$50.00
UP NEXT TEXAS 4 Date	00083405 Amount of Contribution (\$)
03/28/2023 Volodarsky, Mike 6 Contributor address; City; State; Zip Code Wynnewood , PA 19096 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	

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

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

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: 1/7 Rpt: 17/23	UP NEXT TEXAS 00083405		
4 Date	5 Payee name		
02/14/2023	Campaign Services LLC.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$210.00	6814 E. Riverside Dr.		
	Unit 42		
Expenditure from corporate funds	Austin, TX 78741		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Management and Oversight		
	Management and Oversight		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
03/03/2023	Campaign Services LLC.		
	Payee address; City; State; Zip Code		
Amount (\$)	6814 E. Riverside Dr.		
\$85.00	332, 21, 31, 31, 31, 32, 32		
Expenditure from	Unit 42		
corporate funds	Austin, TX 78741		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
-	Check if Austin, TX, officeholder living expense		
	Management and Oversight		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			
D-1-			
Date	Payee name		
03/20/2023	Campaign Services LLC.		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.00	6814 E. Riverside Dr.		
Expenditure from	Unit 42		
corporate funds	Austin, TX 78741		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Management and Oversight		
Complete CAU V Station	Condidate/Officeholder name Office county		
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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
4. Total name Oct. 11. 51			
1 Total pages Schedule F1:			
Sch: 2/7 Rpt: 18/23	UP NEXT TEXAS 00083405		
4 Date	5 Payee name		
03/28/2023	Campaign Services LLC.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$11.00	6814 E. Riverside Dr.		
722.00	Unit 42		
Expenditure from			
corporate funds	Austin, TX 78741		
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 Management and Oversight		
	wanagement and Oversight		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experience to belief of or			
Date	Payee name		
04/12/2023	Campaign Services LLC.		
Amount (\$)	Payee address; City; State; Zip Code		
\$60.00	6814 E. Riverside Dr.		
	Unit 42		
Expenditure from			
corporate funds	Austin, TX 78741		
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		
	Management and Oversight		
	With tage ment and oversight		
Compulate ONLY if divest	Constitute / Office helder mores Office accords		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
05/26/2023	Campaign Services LLC.		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	6814 E. Riverside Dr.		
	Unit 42		
Expenditure from	Austin, TX 78741		
corporate funds			
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		
	Management and Oversight		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
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
Gift/Awards/Memorials Expense
Lenal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 3/7 Rpt: 19/23	UP NEXT TEXAS 00083405		
4 Date	5 Payee name		
06/28/2023	Campaign Services LLC.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$50.00	6814 E. Riverside Dr.		
	Unit 42		
Expenditure from corporate funds	Austin, TX 78741		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Management and Oversight		
	Management and Oversight		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
01/31/2023	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$10.00	401 Congress Ave.		
, , , , ,			
Expenditure from corporate funds	Austin, TX 78701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Service Charge/Fee		
	Scrvice charge/r ee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			
Date	Payee name		
02/28/2023	Frost Bank		
Amount (\$)			
\$10.00			
\$10.00	401 Congress Avenue		
Expenditure from corporate funds	Austin, TX 78701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
D. LIBITORE	Check if Austin, TX, officeholder living expense		
	Service Charge/Fee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

•	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 20/23	UP NEXT TEXAS	00083405
4 Date	5 Payee name	'
03/09/2023	Frost Bank	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$35.00	401 Congress Avenue	
Expenditure from corporate funds	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Overdraft Fee
		Overdrait Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		ought Office field
Data		
Date	Payee name	
03/31/2023	Frost Bank	
Amount (\$)	Payee address; City; State; Zip	Code
\$10.00	401 Congress Avenue	
Expenditure from		
corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Charge/Fee
		Service charge/rec
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		ought office held
Data		
Date 04/30/2023	Payee name Frost Bank	
Amount (\$)	Payee address; City; State; Zip	Code
\$10.00	401 Congress Avenue	
Expenditure from		
corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Charge/Fee
		Scribe Chargeri ee
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		ought Office field

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

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

Credit Card Payment	The Instruction Guide explains how	to complete this forr	, , , , ,	, , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	3 Filer ID (Ethics Commissi	on Filers)
Sch: 5/7 Rpt: 21/23	UP NEXT TEXAS		00083405	,
4 Date	5 Payee name		•	
05/31/2023	Frost Bank			
6 Amount (\$)	7 Payee address; City; State; Zi	o Code		
\$10.00	401 Congress Avenue			
Expenditure from corporate funds	Austin, TX 78701			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule			
EXPENDITURE	Fees		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
		, <u>–</u>	Charge/Fee	
			9	
9 Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held	
expenditure to benefit C/OI		9	oooiu	
Date	Dayge name			
06/30/2023	Payee name Frost Bank			
		2 Codo		
Amount (\$)	Payee address; City; State; Zi	Code		
\$10.00	401 Congress Avenue			
Expenditure from corporate funds	Austin, TX 78701			
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	on	
OF EXPENDITURE	Fees	Check if	travel outside of Texas. Complete Schedule T.	
		, <u>–</u>	Austin, TX, officeholder living expense	
		Service	Charge/Fee	
Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held	
expenditure to benefit C/OI		s sought	Onice neid	
Dete				
Date	Payee name			
01/09/2023	SQUARESPACE INC.			
Amount (\$)	Payee address; City; State; Zi	o Code		
\$27.07	225 VARICK STREET			
Expenditure from	12TH FLOOR NEW YORK			
corporate funds	NEW YORK, NY 10014			
PURPOSE	(a) Category (See Categories listed at the top of this schedule			
OF EXPENDITURE	Advertising Expense		travel outside of Texas. Complete Schedule T.	
		Website	Austin, TX, officeholder living expense	
		VVCDSite		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office	sought	Office held	
expenditure to benefit C/OI		, cougni	Office field	

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			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 6/7 Rpt: 22/23	UP NEXT TEXAS 00083405		
4 Date	5 Payee name		
02/09/2023	SQUARESPACE INC.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$27.07	225 VARICK STREET		
Expenditure from	12TH FLOOR NEW YORK		
corporate funds	NEW YORK, NY 10014		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Website Host		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Dete			
Date 03/09/2023	Payee name SQUARESPACE INC.		
	<u> </u>		
Amount (\$)	Payee address; City; State; Zip Code		
\$27.07	225 VARICK STREET		
Expenditure from	12TH FLOOR NEW YORK		
corporate funds	NEW YORK, NY 10014		
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		
	Website Host		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
04/10/2023	SQUARESPACE INC.		
Amount (\$)	Payee address; City; State; Zip Code		
\$27.07	225 VARICK STREET		
Expenditure from	12TH FLOOR NEW YORK		
corporate funds	NEW YORK, NY 10014		
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		
	Website Host		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (extens extens) and listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 23/23	UP NEXT TEXAS	00083405
4 Date 05/09/2023	5 Payee name SQUARESPACE INC.	
6 Amount (\$) \$27.07	7 Payee address; City; State; Zip Code 225 VARICK STREET	
Expenditure from corporate funds	12TH FLOOR NEW YORK NEW YORK, NY 10014	
8 PURPOSE OF EXPENDITURE	Chec	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense te Host
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held