

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083405	2 Total pages filed: 23
3 COMMITTEE NAME UP NEXT TEXAS		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/16/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6814 E. Riverside Dr. #42 Austin, TX 78741		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Patrick J. <hr/> NICKNAME LAST SUFFIX McDonald		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6814 E. Riverside Dr. Unit 42 Austin, TX 78741		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6814 E. Riverside Dr. Unit 42 Austin, TX 78741		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 317-0435		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023		
11 ELECTION	ELECTION DATE Month Day Year 11/08/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME UP NEXT TEXAS	13 Filer ID (Ethics Commission Filers) 00083405
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	689.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	796.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	96.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

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

Mr. Patrick J. McDonald

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME UP NEXT TEXAS		18 Filer ID (Ethics Commission Filers) 00083405
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 689.40
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 796.35
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/13 Rpt: 4/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campaign Services LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78741	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campaign Services LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campaign Services LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Steven <hr/> Contributor address; City; State; Zip Code Acton, MA 17200	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Self
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Steven <hr/> Contributor address; City; State; Zip Code Acton, MA 17200	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 03/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Steven	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Acton, MA 17200		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Self
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Steven	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Acton, MA 17200		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Self
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Steven	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Acton, MA 17200		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Self
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Steven	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Acton, MA 17200		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Self
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fly, William	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Garland, TX 75043		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Margaret <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78250	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hepler, Ron <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hepler, Ron <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hepler, Ron <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hepler, Ron <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hepler, Ron <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hepler, Ron <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasper, Billie <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Flower Basket		Employer (See Instructions) Self
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasper, Billie <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Flower Basket		Employer (See Instructions) Self
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasper, Billie <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Flower Basket		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/13 Rpt: 8/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 04/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasper, Billie <hr/> 6 Contributor address; City; State; Zip Code Terrell, TX 75160	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Flower Basket		9 Employer (See Instructions) Self
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasper, Billie <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Flower Basket		Employer (See Instructions) Self
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasper, Billie <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Flower Basket		Employer (See Instructions) Self
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Julie <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) BIW
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Julie <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) BIW

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 03/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Julie <hr/> 6 Contributor address; City; State; Zip Code Minneapolis, MN 55431	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Creative Director		9 Employer (See Instructions) BIW
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Julie <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) BIW
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Julie <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) BIW
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Julie <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55431	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) BIW
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathisen, Kathryn <hr/> Contributor address; City; State; Zip Code Castro Valley, CA 94546	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Compliance Mgr		Employer (See Instructions) e-Recycling of CA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 02/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathisen, Kathryn	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Castro Valley, CA 94546		
8 Principal occupation / Job title (See Instructions) Compliance Mgr		9 Employer (See Instructions) e-Recycling of CA
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathisen, Kathryn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Castro Valley, CA 94546		
Principal occupation / Job title (See Instructions) Compliance Mgr		Employer (See Instructions) e-Recycling of CA
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathisen, Kathryn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Castro Valley, CA 94546		
Principal occupation / Job title (See Instructions) Compliance Mgr		Employer (See Instructions) e-Recycling of CA
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathisen, Kathryn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Castro Valley, CA 94546		
Principal occupation / Job title (See Instructions) Compliance Mgr		Employer (See Instructions) e-Recycling of CA
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathisen, Kathryn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Castro Valley, CA 94546		
Principal occupation / Job title (See Instructions) Compliance Mgr		Employer (See Instructions) e-Recycling of CA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 02/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78741	7 Amount of Contribution (\$) \$1.11
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$1.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$1.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$1.85
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 05/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78741	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick	Amount of Contribution (\$) \$20.03
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick	Amount of Contribution (\$) \$1.85
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick	Amount of Contribution (\$) \$1.85
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 04/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick J <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$1.67
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Campaign Services LLC
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick J <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Campaign Services LLC
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Patrick J <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Campaign Services LLC
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Stephen <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30309	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) State of Texas		Employer (See Instructions) State of Texas
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Stephen <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30309	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) State of Texas		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/13 Rpt: 14/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Stephen <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30309	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) State of Texas		9 Employer (See Instructions) State of Texas
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Stephen <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30309	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) State of Texas		Employer (See Instructions) State of Texas
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuert, Michael <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Self
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuert, Michael <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Self
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuert, Michael <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 04/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuert, Michael	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Santa Rosa, CA 95407		
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions) Self
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuert, Michael	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Santa Rosa, CA 95407		
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuert, Michael	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Santa Rosa, CA 95407		
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Self
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volodarsky, Mike	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Wynnewood , PA 19096		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volodarsky, Mike	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Wynnewood , PA 19096		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/23
2 FILER NAME UP NEXT TEXAS		3 Filer ID (Ethics Commission Filers) 00083405
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volodarsky, Mike	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Wynnewood , PA 19096	
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Self

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 17/23	2 FILER NAME UP NEXT TEXAS	3 Filer ID (Ethics Commission Filers) 00083405
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4 Date 02/14/2023	5 Payee name Campaign Services LLC.
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6 Amount (\$) \$210.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6814 E. Riverside Dr. Unit 42 Austin, TX 78741
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management and Oversight
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/03/2023	Payee name Campaign Services LLC.
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Amount (\$) \$85.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6814 E. Riverside Dr. Unit 42 Austin, TX 78741
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management and Oversight
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/20/2023	Payee name Campaign Services LLC.
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6814 E. Riverside Dr. Unit 42 Austin, TX 78741
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management and Oversight
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 18/23	2 FILER NAME UP NEXT TEXAS	3 Filer ID (Ethics Commission Filers) 00083405
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4 Date 03/28/2023	5 Payee name Campaign Services LLC.
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6 Amount (\$) \$11.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6814 E. Riverside Dr. Unit 42 Austin, TX 78741
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management and Oversight
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/12/2023	Payee name Campaign Services LLC.
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Amount (\$) \$60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6814 E. Riverside Dr. Unit 42 Austin, TX 78741
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management and Oversight
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/26/2023	Payee name Campaign Services LLC.
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6814 E. Riverside Dr. Unit 42 Austin, TX 78741
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management and Oversight
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 19/23	2 FILER NAME UP NEXT TEXAS	3 Filer ID (Ethics Commission Filers) 00083405
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4 Date 06/28/2023	5 Payee name Campaign Services LLC.
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6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6814 E. Riverside Dr. Unit 42 Austin, TX 78741
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management and Oversight
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/31/2023	Payee name Frost Bank
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Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Congress Ave. Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge/Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/28/2023	Payee name Frost Bank
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Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge/Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 20/23	2 FILER NAME UP NEXT TEXAS	3 Filer ID (Ethics Commission Filers) 00083405
4 Date 03/09/2023	5 Payee name Frost Bank	
6 Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overdraft Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2023	Candidate/Officeholder name Frost Bank	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 401 Congress Avenue Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge/Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2023	Candidate/Officeholder name Frost Bank	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 401 Congress Avenue Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge/Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 21/23	2 FILER NAME UP NEXT TEXAS	3 Filer ID (Ethics Commission Filers) 00083405
4 Date 05/31/2023	5 Payee name Frost Bank	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 401 Congress Avenue Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge/Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2023	Candidate/Officeholder name Frost Bank	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 401 Congress Avenue Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge/Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/09/2023	Candidate/Officeholder name SQUARESPACE INC.	
Amount (\$) \$27.07 <input type="checkbox"/> Expenditure from corporate funds	Office sought 225 VARICK STREET 12TH FLOOR NEW YORK NEW YORK, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Host
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 23/23	2 FILER NAME UP NEXT TEXAS	3 Filer ID (Ethics Commission Filers) 00083405
4 Date 05/09/2023	5 Payee name SQUARESPACE INC.	
6 Amount (\$) \$27.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 225 VARICK STREET 12TH FLOOR NEW YORK NEW YORK, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Host
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held