#### 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) 00086052 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Republican Volunteer Program PAC Date Received **ELECTRONICALLY FILED** 07/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 341016 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78734 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Chris NAME NICKNAME LAST **SUFFIX** Gober STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14425 Falcon Head Blvd. Bldg. E-100 Ste. 226 STREET **ADDRESS** (Residence or Business) Austin, TX 78738 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341016 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 354-1787 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 11/07/2023 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) |
|---|--|--|--------------|----------------------------|
| Texas Republican Volu   | 00086052   | 2  |              |                            |
| 14 COMMITTEE<br>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   |              |                            |
|   |  | Б. Оррозец   |              |                            |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) |  |              |                            |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS M  | D 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 COGES, LOANS, OR GUARANTEES OF LOANS)  | \$           | 0.00                       |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED  | D POLITICAL EXPENDITURES   | \$           | 0.00                       |
|   | 4. TOTAL POLITICA  | L EXPENDITURES   | \$           | 54,437.22                  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL OF THE REPORTIN   | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD   | DAY \$       | 6,589.16                   |
| OUTSTANDING<br>LOAN TOTALS  |  | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | THE \$       | 0.00                       |
| 16 AFFIDAVIT  |  |  | <u>'</u>     |                            |
|   |  | I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.                        |              |                            |
|   |  | Chris  | Gober        |                            |
|   |  | Signature of Car   | mpaign Treas | surer                      |
| AFFIX NOTARY  | / STAMP / SEAL ABOVE   |  |              |                            |
| Sworn to and subscribed   | d before me, by the said   | , th   | nis the      | day                        |
|   |  | which, witness my hand and seal of office.   |              |                            |
| 0   |  |  |              | <del></del>                |
| Signature of officer ac   | amınıstering oath  | Printed name of officer administering oath   | ritle of off | ficer administering oath   |

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

|                          |  |                             | 3 of 10                    |
|--------------------------|--|-----------------------------|----------------------------|
| 17 COMMITTE<br>Texas Rep | E NAME<br>publican Volunteer Program PAC   | <b>18</b> Filer ID 00086052 | (Ethics Commission Filers) |
| 19 SCHEDULE<br>NAME OF S | SUBTOTAL AMOUNT  |                             |                            |
| 1.                       | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    |                             | \$                         |
| 2.                       | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                      |                             | \$                         |
| 3.                       | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                             | \$                         |
| 4.                       | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION     | )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.                       | SCHEDULE E: LOANS  |                             | \$                         |
| 10. X                    | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:                 | S                           | <b>\$</b> 54,437.22        |
| 11.                      | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |                             | \$                         |
| 12.                      | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                 | 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                    | \$                         |
|                          |  |                             |                            |
|                          |  |                             |                            |
|                          |  |                             |                            |
|                          |  |                             |                            |
|                          |  |                             |                            |
|                          |  |                             |                            |
| I                        |  |                             |                            |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment        | 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:                                    |   |
| Sch: 1/7 Rpt: 4/10  | Texas Republican Volunteer Program PAC 00086052   |
| 4 Date  | 5 Payee name  |
| 01/20/2023  | CROSBY OTTENHOFF GROUP LLC  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$350.00  | 611 PENNSYLVANIA AVE SE   |
|   | #267  |
| Expenditure from corporate funds                              | WASHINGTON, DC 20003  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.   |
|   | Check if Austin, TX, officeholder living expense  |
|   | COMPLIANCE CONSULTING   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| Date  | Payee name  |
| 02/16/2023  | CROSBY OTTENHOFF GROUP LLC  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$2,300.00  | 611 PENNSYLVANIA AVE SE   |
| Ψ2,000.00   |   |
| Expenditure from  | #267  |
| corporate funds   | WASHINGTON, DC 20003  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.   |
| EXI ENDITORE  | Check if Austin, TX, officeholder living expense  |
|   | COMPLIANCE CONSULTING   |
|   |   |
| Complete ONLY if direct expenditure to benefit C/OI           | Candidate/Officeholder name Office sought Office held   |
| Date  | Payee name  |
| 03/16/2023  | CROSBY OTTENHOFF GROUP LLC  |
|   |   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$587.50  | 611 PENNSYLVANIA AVE SE   |
| Expenditure from  | #267  |
| corporate funds   | WASHINGTON, DC 20003  |
| 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  |
|   | COMPLIANCE CONSULTING   |
|   |   |
| 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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Manes/Contract Labor

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>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: 2/7 Rpt: 5/10   | Texas Republican Volunteer Program PAC 00086052  |   |
| 4 Date   | 5 Payee name   |   |
| 04/13/2023   | CROSBY OTTENHOFF GROUP LLC   |   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |   |
| \$1,527.50   | 611 PENNSYLVANIA AVE SE  |   |
|  | #267   |   |
| Expenditure from corporate funds   | WASHINGTON, DC 20003   |   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   | _ |
| OF<br>EXPENDITURE  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  |   |
| EXI ENDITORE   | Check if Austin, TX, officeholder living expense   |   |
|  | COMPLIANCE CONSULTING  |   |
|  |  |   |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                            | Candidate/Officeholder name Office sought Office held<br>H   |   |
|  |  |   |
| Date   | Payee name   |   |
| 05/30/2023   | CROSBY OTTENHOFF GROUP LLC   |   |
| Amount (\$)  | Payee address; City; State; Zip Code   |   |
| \$1,116.25   | 611 PENNSYLVANIA AVE SE  |   |
| Expenditure from   | #267   |   |
| corporate funds  | WASHINGTON, DC 20003   |   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| OF<br>EXPENDITURE  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  |   |
|  | Check if Austin, TX, officeholder living expense  COMPLIANCE CONSULTING  |   |
|  | COMILIANCE CONSOLTING  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  | _ |
| expenditure to benefit C/O   |  |   |
| Date   | Davies asses   | _ |
| 02/22/2023   | Payee name OMNI BARTON CREEK RESORT & SPA  |   |
|  |  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  8212 BARTON CLUB DRIVE   |   |
| \$16,545.61  | 8212 BARTON CLUB DRIVE   |   |
| Expenditure from   | ALICTINI TV 70705  |   |
| corporate funds  | AUSTIN, TX 78735   |   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T |   |
| EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                   |   |
|  | EVENT EXPENSE  |   |
|  |  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |   |
| expenditure to benefit C/O   | н  |   |
|  |  | _ |
|  |  |   |
|  |  |   |

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |               | e L         | ood/Beverage Expen<br>ift/Awards/Memorials<br>egal Services<br>The Instruction G | s Expense            |           | Expens<br>Wages  | e<br>/Contract Labor |   | Travel in District<br>Travel Out of Dis<br>OTHER (enter a | strict<br>category not listed above) |     |
|---|---|---------------|-------------|--|----------------------|-----------|------------------|----------------------|---|---|--------------------------------------|-----|
| 1 | Total pages Schedule F1:  | 2 FILE        | R NAME      |  |                      |           |                  |                      | 3 | Filer ID  | (Ethics Commission File              | rs) |
|   | Sch: 3/7 Rpt: 6/10  | Texa          | as Repub    | olican Voluntee  | er Program I         | PAC       |                  |                      |   | 00086052  |                                      |     |
| 4 | Date  | <b>5</b> Paye | ee name     |  |                      |           |                  |                      |   |   |                                      |     |
|   | 01/10/2023  |               |             | S PAYROLL  | SERVICE              |           |                  |                      |   |   |                                      |     |
| 6 | Amount (\$)   | <b>7</b> Paye | ee address  | s; City;   | State;               | Zip C     | ode              |                      |   |   |                                      |     |
|   | \$1.87  | 263           | 2 MARIN     | E WAY  |                      |           |                  |                      |   |   |                                      |     |
|   | Expenditure from corporate funds  | MO            | UNTAIN '    | VIEW, CA 940   | )43                  |           |                  |                      |   |   |                                      |     |
| 8 | PURPOSE   | (a) Cate      | egory (See  | Categories listed at t   | the top of this sch  | edule)    | (b)              | Description          |   |   |                                      |     |
|   | OF<br>EXPENDITURE   | Fee           | S           |  |                      |           |                  | <b>=</b>             |   | de of Texas. Com  |                                      |     |
|   | -   |               |             |  |                      |           |                  | BANKING FE           |   | officeholder living                                       | expense                              |     |
|   |   |               |             |  |                      |           |                  | D/ WINING FL         |   | •   |                                      |     |
| 9 | Complete ONLY if direct   | Candi         | date/Office | eholder name   | (                    | Office so | <u>l</u><br>uaht |                      |   | Office he   | eld                                  |     |
| Ĺ | expenditure to benefit C/OF   |               |             |  |                      |           |                  |                      |   |   |                                      |     |
|   | Date  |               | ee name     |  |                      |           |                  |                      |   |   |                                      |     |
|   | 01/19/2023  | QUI           | CKBOOK      | (S PAYROLL   |                      |           |                  |                      |   |   |                                      |     |
|   | Amount (\$)   |               | ee address  | •  | State;               | Zip C     | ode              |                      |   |   |                                      |     |
|   | \$1.87  | 263           | 2 MARIN     | E WAY  |                      |           |                  |                      |   |   |                                      |     |
|   | Expenditure from corporate funds  | MOI           | UNTAIN      | VIEW, CA 940   | )43                  |           |                  |                      |   |   |                                      |     |
|   |   | (a) Cate      | egory (See  | Categories listed at t   | the top of this sch  | edule)    | (b)              | Description          |   |   |                                      |     |
|   | OF<br>EXPENDITURE   | Fee           | S           |  |                      |           |                  | <b>=</b>             |   | de of Texas. Com  |                                      |     |
|   | -   |               |             |  |                      |           |                  | BANKING FE           |   | officeholder living                                       | expense                              |     |
|   |   |               |             |  |                      |           |                  | PUNIVING LE          |   | •   |                                      |     |
|   | Complete ONLY if direct expenditure to benefit C/OH   |               | date/Office | eholder name   | C                    | Office so | <u>l</u><br>ught |                      |   | Office he   | eld                                  |     |
|   | Date  | Pave          | ee name     |  |                      |           |                  |                      |   |   |                                      |     |
|   | 02/08/2023  |               |             | (S PAYROLL   | SERVICE              |           |                  |                      |   |   |                                      |     |
|   | Amount (\$)   |               | ee address  |  |                      | Zip C     | ode              |                      |   |   |                                      |     |
|   | \$1.87  | ,             | 2 MARIN     | •  | ,                    | , ,       |                  |                      |   |   |                                      |     |
|   |   |               |             |  |                      |           |                  |                      |   |   |                                      |     |
|   | Expenditure from corporate funds  | MOI           | UNTAIN      | VIEW, CA 940   | )43                  |           | ı                |                      |   |   |                                      |     |
|   | PURPOSE<br>OF   | (a) Cate      | 0 , (       | Categories listed at t   | the top of this sche | edule)    | (b)              | Description          |   |   | alete Calcad L. T                    |     |
|   | EXPENDITURE   | Fee           | S           |  |                      |           |                  | ш                    |   | de of Texas. Com<br>officeholder living                   |                                      |     |
|   |   |               |             |  |                      |           |                  | BANKING FE           |   |   | , -                                  |     |
|   |   |               |             |  |                      |           |                  |                      |   |   |                                      |     |
|   | Complete ONLY if direct   | Candi         | date/Office | eholder name   | C                    | Office so | ught             |                      |   | Office he   | eld                                  |     |
|   | expenditure to benefit C/OH   | 4             |             |  |                      |           | -                |                      |   |   |                                      |     |
|   |   |               |             |  |                      |           |                  |                      |   |   |                                      |     |
|   |   |               |             |  |                      |           |                  |                      |   |   |                                      |     |
|   |   |               |             |  |                      |           |                  |                      |   |   |                                      |     |

#### 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/Officeholder/Politica<br>Credit Card Payment       | 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 Schodule F1:                                   |   | _             |
| 1 Total pages Schedule F1:<br>Sch: 4/7 Rpt: 7/10             | Texas Republican Volunteer Program PAC 00086052   |               |
| 4 Date   | 5 Payee name  | $\neg$        |
| 02/15/2023   | QUICKBOOKS PAYROLL SERVICE  |               |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |               |
| \$1.87   | 2632 MARINE WAY   |               |
|  |   |               |
| Expenditure from corporate funds                             | MOUNTAIN VIEW, CA 94043   |               |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |               |
| OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.   |               |
|  | Check if Austin, TX, officeholder living expense  |               |
|  | BANKING FEES  |               |
|  |   |               |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |               |
| Date   | Payee name  | _             |
| 03/07/2023   | QUICKBOOKS PAYROLL SERVICE  |               |
| Amount (\$)  | Payee address; City; State; Zip Code  | -             |
| \$1.87   | 2632 MARINE WAY   |               |
| Φ1.07  | 2032 MARINE WAT   |               |
| Expenditure from corporate funds                             | MOUNTAIN VIEW, CA 94043   |               |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |               |
| OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.   |               |
| EXPENDITORE  | Check if Austin, TX, officeholder living expense  |               |
|  | BANKING FEES  |               |
|  |   |               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O    | Candidate/Officeholder name Office sought Office held   |               |
| Date   | Payee name  | =             |
| 03/15/2023   | QUICKBOOKS PAYROLL SERVICE  |               |
|  |   | _             |
| Amount (\$)  | Payee address; City; State; Zip Code  |               |
| \$3.74   | 2632 MARINE WAY   |               |
| Expenditure from   |   |               |
| corporate funds  | MOUNTAIN VIEW, CA 94043   |               |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  | $\overline{}$ |
| OF   | Fees Check if travel outside of Texas. Complete Schedule T.   |               |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |               |
|  | BANKING FEES  |               |
|  |   |               |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sought Office held   |               |
| expenditure to benefit C/OI                                  | 1   |               |
|  |   | $\dashv$      |
|  |   |               |
|  |   |               |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Candidate/Officeholder/Politica<br>Credit Card Payment       |  | Nages/Contract Labor OTHER (enter a category not listed above) |
|--|--|--|
| Credit Card Payment  | The Instruction Guide explains how to co                         | omplete this form.   |
| 1 Total pages Schedule F1:                                   | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                          |
| Sch: 5/7 Rpt: 8/10   | Texas Republican Volunteer Program PAC                           | 00086052   |
| 4 Date   | 5 Payee name   | ·  |
| 04/12/2023   | QUICKBOOKS PAYROLL SERVICE                                       |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Co                             | ode  |
| \$1.87   | 2632 MARINE WAY  |  |
|  |  |  |
| Expenditure from corporate funds                             | MOUNTAIN VIEW, CA 94043  |  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
| OF   | Fees   | Check if travel outside of Texas. Complete Schedule T.         |
| EXPENDITURE  |  | Check if Austin, TX, officeholder living expense               |
|  |  | BANKING FEES   |
|  |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sou                           | ight Office held   |
| experialitire to beliefft C/O                                |  |  |
| Date   | Payee name   |  |
| 04/14/2023   | QUICKBOOKS PAYROLL SERVICE                                       |  |
| Amount (\$)  | Payee address; City; State; Zip Co                               | ode  |
| \$1.87   | 2632 MARINE WAY  |  |
|  |  |  |
| Expenditure from corporate funds                             | MOUNTAIN VIEW, CA 94043  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
| OF<br>EXPENDITURE  | Fees   | Check if travel outside of Texas. Complete Schedule T.         |
| EXPENDITORE  |  | Check if Austin, TX, officeholder living expense               |
|  |  | BANKING FEES   |
|  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O | Candidate/Officeholder name Office sou                           | ight Office held   |
| experientare to benefit eye                                  |  |  |
| Date   | Payee name   |  |
| 05/26/2023   | QUICKBOOKS PAYROLL SERVICE                                       |  |
| Amount (\$)  | Payee address; City; State; Zip Co                               | ode  |
| \$3.73   | 2632 MARINE WAY  |  |
| - Evnanditura from   |  |  |
| Expenditure from corporate funds                             | MOUNTAIN VIEW, CA 94043  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
| OF<br>EXPENDITURE  | Fees   | Check if travel outside of Texas. Complete Schedule T.         |
| EXI ENDITORE   |  | Check if Austin, TX, officeholder living expense               |
|  |  | BANKING FEES   |
| Complete ONE V. C.   | Condidate Office halder variety                                  | Office held  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O | Candidate/Officeholder name Office sou<br>H                      | ight Office held   |
|  |  |  |
|  |  |  |
|  |  |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
|  | · · · · · · · · · · · · · · · · · · ·   |
| 1 Total pages Schedule F1:<br>Sch: 6/7 Rpt: 9/10   | 2 FILER NAME Texas Republican Volunteer Program PAC  3 Filer ID (Ethics Commission Filers) 00086052   |
| 4 Date   | 5 Payee name  |
| 01/11/2023   | THE GOBER GROUP, PLLC   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$139.00   | PO BOX 341016   |
|  |   |
| Expenditure from corporate funds   | AUSTIN, TX 78734  |
| 8 PURPOSE  | (a) Cotogony (b) Deceription  |
| OF   | (a) Category (See Categories listed at the top of this schedule)  Legal Services  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | LEGAL CONSULTING  |
|  |   |
| Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 02/09/2023   | THE GOBER GROUP, PLLC   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$450.00   | PO BOX 341016   |
| Ψ-100.00   | 1 0 20/10/10  |
| Expenditure from corporate funds   | AUSTIN, TX 78734  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | Legal Services Check if travel outside of Texas. Complete Schedule T.   |
| EXI ENDITORE   | Check if Austin, TX, officeholder living expense  |
|  | LEGAL CONSULTING  |
|  |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 04/17/2023   | THE GOBER GROUP, PLLC   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$85.00  | PO BOX 341016   |
| Ψ03.00   | 1 0 000 0 11010   |
| Expenditure from corporate funds   | AUSTIN, TX 78734  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | Legal Services Check if travel outside of Texas. Complete Schedule T.   |
| LAFLINDITUKE   | Check if Austin, TX, officeholder living expense  |
|  | LEGAL CONSULTING  |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI  | 1   |
|  |   |
|  |   |
|  |   |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Candidate/Officeholder/Politica<br>Credit Card Payment        |  | Salaries/Wages/Contrac        | et Labor OTHER (enter a category not liste                | d above)        |
|---|--|-------------------------------|---|-----------------|
| Credit Card Payment   | The Instruction Guide 6                        | explains how to complete this | form.   |                 |
| 1 Total pages Schedule F1:                                    | 2 FILER NAME                                   |                               | 3 Filer ID (Ethics Com                                    | nission Filers) |
| Sch: 7/7 Rpt: 10/10   | Texas Republican Volunteer Pr                  | ogram PAC                     | 00086052  |                 |
| 4 Date  | 5 Payee name                                   |                               | ·   |                 |
| 05/30/2023  | THE GOBER GROUP, PLLC                          |                               |   |                 |
| 6 Amount (\$)   | 7 Payee address; City;                         | State; Zip Code               |   |                 |
| \$60.00   | PO BOX 341016                                  |                               |   |                 |
|   |  |                               |   |                 |
| Expenditure from corporate funds                              | AUSTIN, TX 78734                               |                               |   |                 |
| 8 PURPOSE   | (a) Category (See Categories listed at the top | of this schedule) (b) Desci   | ription   |                 |
| OF  | Legal Services                                 |                               | eck if travel outside of Texas. Complete Schedule T       |                 |
| EXPENDITURE   |  | Ch                            | eck if Austin, TX, officeholder living expense            |                 |
|   |  | LEG/                          | AL CONSULTING   |                 |
|   |  |                               |   |                 |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name                    | Office sought                 | Office held   |                 |
| expenditure to benefit C/OI                                   | 1  |                               |   |                 |
| Date  | Payee name                                     |                               |   |                 |
| 03/08/2023  | THE MAIANNE SAHL COMPAN                        | NY LLC                        |   |                 |
| Amount (\$)   | Payee address; City;                           | State; Zip Code               |   |                 |
| \$30,000.00   | 16714 FITZHUGH RD                              |                               |   |                 |
|   |  |                               |   |                 |
| Expenditure from corporate funds                              | DRIPPING SPRINGS, TX 7862                      | 0                             |   |                 |
| PURPOSE   | (a) Category (See Categories listed at the top | of this schedule) (b) Descri  | iption  |                 |
| OF<br>EXPENDITURE   | Event Expense                                  |                               | eck if travel outside of Texas. Complete Schedule T       |                 |
| _/  |  |                               | eck if Austin, TX, officeholder living expense            |                 |
|   |  | EVE                           | NT EXPENSE  |                 |
| Complete ONLY if direct                                       | Condidate/Officeholder name                    | Office cought                 | Office hold   |                 |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name                    | Office sought                 | Office held   |                 |
|   |  |                               |   |                 |
| Date  | Payee name                                     |                               |   |                 |
| 03/16/2023  | THE MAIANNE SAHL COMPAN                        | NY LLC                        |   |                 |
| Amount (\$)   | Payee address; City;                           | State; Zip Code               |   |                 |
| \$1,255.80  | 16714 FITZHUGH RD                              |                               |   |                 |
| Expenditure from  |  |                               |   |                 |
| corporate funds   | DRIPPING SPRINGS, TX 7862                      | .0                            |   |                 |
| PURPOSE   | (a) Category (See Categories listed at the top | of this schedule) (b) Descr   | iption  |                 |
| OF<br>EXPENDITURE   | Event Expense                                  |                               | eck if travel outside of Texas. Complete Schedule T       |                 |
| _/  |  | <u>-</u>                      | eck if Austin, TX, officeholder living expense NT EXPENSE |                 |
|   |  |                               | NI LAFENSE  |                 |
| Complete CALL V if direct                                     | Candidata/Officeholder name                    | Office sought                 | Office hold   |                 |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name                    | Office sought                 | Office held   |                 |
|   |  |                               |   |                 |
|   |  |                               |   |                 |
|   |  |                               |   |                 |