FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 16 00069623 3 COMMITTEE NAME **OFFICE USE ONLY** Texans For Dade Date Received **ELECTRONICALLY FILED** 07/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** Post Office Box 5990 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78763 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. William F. NAME NICKNAME LAST **SUFFIX** Bill Scott STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1735 W. Cardinal Dr. STREET **ADDRESS** (Residence or Business) Beaumont, TX 77705 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1735 W. Cardinal Dr. MAILING **ADDRESS** Beaumont, TX 77705 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 727-4801 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Month Day COVERED **THROUGH** 06/30/2023 01/01/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/05/2024 General Special **GO TO PAGE 2**

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Con	nmission Filers)
Texans For Dade			00069623		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Rep. Matthew Phelan			
(Attach lists on plain	X Candidate				
paper to complete this report if necessary.)		OFFICE SOLICHT (condidate) / OFFICE HELL) (officeholder)		
	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELI State Representative	(onicenolaer)		
		State Representative			
X SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
OPPOSE			Month	Day	Year
(Candidate or Measure)					
□ ACCICT	Measure				
(Officeholder)		DESCRIPTION			
(Officeriolder)					
15 CONTRIBUTION	1. TOTAL POLITICAL CON	<u> </u> TRIBUTIONS OF \$50 OR LESS (OTHER THAN	I PLEDGES.	1	
TOTALS	LOANS, OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE	,	\$	\$0.00
	ELECTRONICALLY), UN	LESS ITEMIZED			
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$32,500.00
EXPENDITURE	3. TOTAL UNITEMIZED PO	ILITICAL EYDENDITLIDES			
TOTALS	J. TOTAL ONTENIZED TO	ETTOAL EXILENDITORES		\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES			
				\$	\$176,319.56
CONTRIBUTION	E TOTAL DOLLTICAL CON	TRIBUTIONS MAINTAINED AS OF THE LAST			
BALANCE	REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DATOFINE	\$	\$436,914.98
					*,
OUTSTANDING		UNT OF ALL OUTSTANDING LOANS AS OF T	HE LAST		
LOAN TOTALS	DAY OF THE REPORTIN	IG PERIOD		\$	\$175,000.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty of perju and correct and includes all information			
		Title 15, Election Code.			
		NA: NA/illio	m F. Scott		
		Signature of Car		ar .	
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Car	npaign moadan		
Sworn to and subscribed	hefore me, by the said	, tr	nis the		day
		n, witness my hand and seal of office.			uuy
	,	,			
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administe	ring oath
e.gstare or omoor du	9 04		01 011100		3 0 000.

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 16 (Ethics Commission Filers) 12 COMMITTEE NAME 13 Filer ID 00069623 **Texans For Dade** 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Rep. Matthew Phelan (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER State Representative **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE MEASURE (Candidate or Measure) DESCRIPTION X ASSIST (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

		•	JULIN OFFILE	4 of 16
17 COMMITT Texans F		18 Filer ID 00069623	(Ethics Commission	on Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL /	AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	32,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
7.	SCHEDULE E: LOANS		\$	
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	176,319.56
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	112.96
			•	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/16	
2	FILER NAME Texans For I			3	Filer ID (Ethics Commission 00069623	on Filers)
4	Date 06/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
_	Deignaignal annu	Austin, TX 78739	O Franklaur (Coo lastwations			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Bragg, Bart Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Port Arthur, TX 77642 pation / Job title (See Instructions)	Employer (See Instructions)		
	Photographe		Self	,		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Consulting Engineers - PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Domino, Joe (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77706			Amount of Contribution (\$)	\$1,000.00
	Principal occu Executive - F	pation / Job title (See Instructions) Retired	Employer (See Instructions Entergy Texas - Retired)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Giglio, Charles (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77704			Amount of Contribution (\$)	\$10,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Giglio Distributing)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/16
2	FILER NAME Texans For I			3 Filer ID (Ethics Commission Filers) 00069623
4	Date 06/28/2023	5 Full name of contributor out-of-state PAC (ID#: Maloney, Don 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$2,000.00
8	Principal occu	Beaumont, TX 77706 Ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
0	President	pation / 300 title (See instructions)	Coburn's)
	Date 06/28/2023	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
	Principal occu Retired	Port Arthur, TX 77642 upation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u>
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#: Reaud, Wayne Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10,000.00
	Principal con-	Beaumont, TX 77701	Faralana (Octobration)	
	Attorney	ipation / Job title (See Instructions)	Employer (See Instructions Reaud, Morgan & Quinr	
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#: Rivero, Hector Contributor address; City; State; Zip Code Austin, TX 78731		Amount of Contribution (\$) \$1,000.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions Texas Chemical Counci	
		<u></u>	Tortac ellerillotti estallis.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal 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: 1/9 Rpt: 7/16	Texans For Dade 00069623
4	Date	5 Payee name
	05/15/2023	Central Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.82	4001 N. Lamar Blvd.
		Austin, TX 78756
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mother's Day flowers for legislative staff
		mound of Bay nemote for logiciative stain
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/28/2023	Exxpress Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.19	910 South Major Dr.
		Beaumont, TX 77707
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for political travel
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/13/2023	FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.37	3965 Airways Module G
		Memphis, TN 38116
Г	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
		Mailing expense to send documents from district to Austin campaign office.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a catego	ory not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	•	ics Commission Filers)
L	Sch: 2/9 Rpt: 8/16	Texans For	Dade					00069623	
4	Date	5 Payee name							
	04/28/2023	GMC Financ	cial						
6	Amount (\$)	7 Payee addres	s; City; State	e; Zip Co	ode				
	\$1,393.90	P.O. Box 99	605						
		Arlington, T	K 76096						
8	PURPOSE	(a) Category (Sei	e Categories listed at the top of this so	hedule)	(b)	Description			
	OF		on Equipment & Related	incudic)	()	_ ·	outsi	de of Texas. Complete S	chedule T.
	EXPENDITURE	Expense				—		officeholder living expen	
						Lease payme	nt i	for campaign aut	comobile
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	ceholder name	Office sou	ught			Office held	
	Date	Payee name							
	05/30/2023	GMC Financ	cial						
	Amount (\$)	Payee addres	s; City; State	e; Zip Co	ode				
	\$1,393.90	P.O. Box 99	605						
		Arlington, T	< 76096						
	PURPOSE	(a) Category (See	e Categories listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		on Equipment & Related			—		de of Texas. Complete S	
		Expense				_		officeholder living expen for campaign aut	
						Loude payine		io. Gampaign aut	.c.mobile.
\vdash	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	<u>l</u> Jaht			Office held	
	expenditure to benefit C/O			55 550	9.10			230 11010	
-	Data	Dove a resure							
	Date 06/28/2023	Payee name GMC Financ	nial .						
	Amount (\$)	Payee addres		e; Zip Co	ode				
	\$1,393.90	P.O. Box 99	605						
		Arlington, T>	K 76096						
	PURPOSE		e Categories listed at the top of this so	hedulo)	(b)	Description			
	OF		on Equipment & Related	areuule)	` '		outsi	de of Texas. Complete S	chedule T.
	EXPENDITURE	Expense	-1- 1- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			_		officeholder living expen	
						Lease payme	nt i	for campaign aut	omobile
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıght			Office held	
L	expenditure to benefit C/OI	1 							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	omplete	e this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 3/9 Rpt: 9/16	Texans For Dade			00069623	
4 Date	5 Payee name		•		
01/25/2023	Life Storage				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$153.00	1655 South Major Dr.				
	Beaumont, TX 77707				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsi		
EXI ENDITORE		[Check if Austin, TX,		
			Rental lee for St	brage or car	npaign materials
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught.		Office he	old.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ugni		Office fi	eiu
	T				
Date	Payee name				
02/27/2023	Life Storage				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$153.00	1655 South Major Dr.				
	Beaumont, TX 77707				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsing Check if Austin, TX,		
		L	_		npaign materials
				J	. •
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	Н				
Date	Payee name				
03/27/2023	Life Storage				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$153.00	1655 South Major Dr.				
	Beaumont, TX 77707				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h) [Description		
OF	Office Overhead/Rental Expense	(S)	Check if travel outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE	Since evernous remain Expense		Check if Austin, TX,		
		F	Rental fee for st	orage of car	mpaign materials
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office h	eld
experioliture to beliefit C/O					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 10/16	Texans For Dade 00069623
4	Date	5 Payee name
	04/25/2023	Life Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$153.00	1655 South Major Dr.
		Beaumont, TX 77707
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental fee for storage of campaign materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	05/25/2023	Life Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.00	1655 South Major Dr.
		Beaumont, TX 77707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rental storage fee for campaign materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	06/26/2023	Life Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.00	1655 South Major Dr.
		Beaumont, TX 77707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rental fee for storage of campaign materials
		. Tomas 100 101 Storage of Gampaign Materials
	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 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

	Contributing 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: 5/9 Rpt: 11/16	Texans For Dade 00069623
4	Date	5 Payee name
	03/28/2023	Luci Willits for Boise City Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	5403 N Hickory Burr Place
		Boise, ID 83713
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Campaign contribution to Luci Willits for Boise City Council
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2023	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$69,761.53	919 Congress
	400,101.00	o to congress
		A
		Austin, TX 78701
	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
		Campaign advertising expense for radio & television
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	05/18/2023	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,100.00	919 Congress
		Austin, TX 78701
	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.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Campaign data research expense
_	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- parametric 30 2000000 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 12/16	Texans For Dade		00069623
4	Date	5 Payee name		
	05/18/2023	Murphy Nasica		
6	Amount (\$) \$23,750.00	7 Payee address; City; State; Zip Coo 919 Congress	de	
Ļ		Austin, TX 78701	<i>a</i> >	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign grassroots program
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	05/18/2023	Murphy Nasica		
	Amount (\$) \$21,413.38	Payee address; City; State; Zip Coo 919 Congress	de	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign grassroots program
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	05/18/2023	Murphy Nasica		
	Amount (\$) \$23,866.00	Payee address; City; State; Zip Coo 919 Congress	de	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign grassroots program
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/9 Rpt: 13/16	Texans For Dade		00069623
4	Date	5 Payee name		'
l	05/18/2023	Murphy Nasica		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,418.42	919 Congress		
l				
l		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense	` ,	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Campaign push card design
Ļ	Operation ONE V if discont	Open in the LOW can be laborated as a second control of the can be	1-4	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held
┡	·			
l	Date	Payee name		
L	06/01/2023	Orange County Republican Party		
	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$500.00	260 Strickland Dr.		
l				
L		Orange, TX 77630		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Campaign donation to Orange County Republican
				Party to underwrite their July 4th event
Н	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	01/04/2023	Prasek's Hillje Smokehouse		
H	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$59.75	2949 Interstate 10 Frontage Rd		
l				
l		Sealy, TX 77474		
\vdash	PURPOSE	-	(b)	Description
	OF	Travel Out of District	` '	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Fuel for return travel to Beaumont after officeholder meeting
\vdash	Complete ONLY if dies -t	Condidate/Officeholder norma	ab+	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ynt	Office held
	•			

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		mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		<u></u>				3	Filer ID	(Ethics Commission Filers)
L	Sch: 8/9 Rpt: 14/16		Texans For	Dade					L	00069623	
4	Date	5	Payee name								
	02/24/2023		Ragnar Res	search							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$25,500.00		1005 Congr	ess Avenue							
			Suite 460								
			Austin, TX 7	78701							
8	PURPOSE	(a)	Category (c.	ee Categories listed at the		1 -1 -1	(b)	Description			
	OF	``	Polling Expe		top of this sche	edule)	()	_ ·	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		. og =/.p·					Check if Austin,	, TX,	officeholder living	expense
								Campaign po	llin	g expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	office sou	ught			Office he	eld
	Date		Payee name								
	03/20/2023		Texas Hous	se Republican Ca	ucus						
	Amount (\$)	Г	Payee addres	ss; City;	State;	Zip Co	ode				
	\$1,000.00		PO BOX 13	305							
			Austin, TX 7	78711							
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description			
	EXPENDITURE		Fees					=		de of Texas. Com officeholder living	
								ш			xas House Republican
								Caucus			
	Complete ONLY if direct expenditure to benefit C/Oł		Candidate/Offi	ceholder name	C	Office sou	<u>l</u> ught			Office he	eld
_	Date		Payee name								
	01/27/2023		Texas Voice	Э							
	Amount (\$)		Payee addres		State:	Zip Co	nde				
	\$80.00		548 Market		Otato,	2.p 00	Juo				
	φοσ.σσ		PMB 72296								
				sco, CA 94104							
	PURPOSE OF	(a)		ee Categories listed at the		edule)	(b)	Description	outoi	de of Texas. Com	nloto Cohodulo T
	EXPENDITURE		Office Over	head/Rental Expe	ense					officeholder living	
								_			tion for campaign
										·	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	eld
	expenditure to benefit C/O	Н					-				

SCHEDULE F1

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

Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

Food/Beverage Expense Gift/Awards/Memorials 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: 9/9 Rpt: 15/16	Texans For Dade 00069623
4	Date	5 Payee name
	01/03/2023	Valero - Flatonia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.38	1410 Farm to Market Rd 609
		Flatonia, TX 78941
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for travel to officeholder meeting
		Table tates to officer modaling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Dete	
	Date	Payee name
	02/08/2023	West End Little League
	Amount (\$)	Payee address; City; State; Zip Code
	\$675.00	P.O. Box 5853
		Beaumont, TX 77726
	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
		Little league campaign sign sponsorship
		Entire league outspangs sign sponsors inp
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH		
	<u> </u>	
	Date	Payee name
	01/04/2023	Westin San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$308.02	420 West Market St,
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lodging expense for officeholder meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texans For Dade 00069623 Date 8 Amount (\$) 5 Name of person from whom amount is received 05/31/2023 City of Port Neches \$112.96 6 Address of person from whom amount is received; City; State; Zip Code Port Neches, TX 77651 Purpose for which amount is received Check if political contribution returned to filer Returned water service deposit