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) 00084992 3 COMMITTEE NAME **OFFICE USE ONLY Engage Texas** Date Received **ELECTRONICALLY FILED** 07/14/2023 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** Cabell NAME NICKNAME LAST **SUFFIX** Hobbs STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14425 Falcon Head Blvd STREET **ADDRESS** Bldg E-100 Ste 226 (Residence or Business) Austin, TX 78738 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 615-2353 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 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

		1		
2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Engage Texas			00084992	
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	7. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN	<u> </u>	
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR ## ADDE ELECTRONICALLY Qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	0.00
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,520.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	114,598.75
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT	l		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			Hobbs	
		Signature of Car	mpaign Treasເ	ırer
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath
• • • • • • • • • • • • • • • • • • • •	3	3		3

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		3 of 14
17 COMMITTEE NAME Engage Texas	18 Filer ID 00084992	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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 ORGANIZATION	PR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DRGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 4,520.61
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. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$ 0.42

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Waq The Instruction Guide explains how to com	-	/Contract Labor OTHER (enter a category not listed above) te this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 4/14	Engage Texas		00084992
4	Date	5 Payee name		
	01/01/2023	ADP		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$309.80	1 ADP Blvd		
	Expenditure from corporate funds	Roseland, NJ 07608		
8	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 Payroll Service
				•
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	03/03/2023	ADP		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$304.39	1 ADP Blvd		
	Expenditure from corporate funds	Roseland, NJ 07608		
	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 Payroll Service
				Taylon Service
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough H	ht	Office held
	Date	Payee name	_	
	03/31/2023	ADP		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$304.39	1 ADP Blvd		
	Expenditure from corporate funds	Roseland, NJ 07608		
	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
				Payroll Service
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI		ıı	Office field

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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)

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: 2/9 Rpt: 5/14	Engage Texas 00084992		
4 Date	5 Payee name		
04/28/2023	ADP		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$304.39	1 ADP Blvd		
Expenditure from corporate funds	Roseland, NJ 07608		
8 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 Payroll Service		
	r ayroll Service		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		
5.			
Date	Payee name		
06/02/2023	ADP		
Amount (\$)	Payee address; City; State; Zip Code		
\$304.39	1 ADP Blvd		
- Funanditura from			
Expenditure from corporate funds	Roseland, NJ 07608		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	Payroll Service		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
06/30/2023	ADP		
Amount (\$)	Payee address; City; State; Zip Code		
\$304.39	1 ADP Blvd		
Expenditure from corporate funds	Roseland, NJ 07608		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Payroll Service		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
CAPCHARLINE TO DETICITE C/OI	•		

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 Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_	
Sch: 3/9 Rpt: 6/14	Engage Texas 00084992		
4 Date	5 Payee name		
01/31/2023	Bento for Business		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$230.00	221 Main Street Suite 1325		
Expenditure from corporate funds	San Francisco, CA 94105		
8 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 Account Service Fee		
	Account Service Fee		
		_	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
02/28/2023	Bento for Business		
Amount (\$)	Payee address; City; State; Zip Code	Π	
\$172.50	221 Main Street Suite 1325		
Expenditure from corporate funds	San Francisco, CA 94105		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_	
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Account Service Fee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	П	
expenditure to benefit C/OH			
Date	Payee name	=	
03/31/2023	Bento for Business		
Amount (\$)		_	
\$172.50	Payee address; City; State; Zip Code 221 Main Street Suite 1325		
Φ1/2.50	ZZI IVIAIII SUEEL SUILE 13Z3		
Expenditure from			
corporate funds	San Francisco, CA 94105		
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 Account Service Fee		
	Account Service Fee		
Occupation Children	Openhalte Office health and a second of the	_	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
<u></u>			

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 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: 4/9 Rpt: 7/14	Engage Texas 00084992
4 Date	5 Payee name
04/30/2023	Bento for Business
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$230.00	221 Main Street Suite 1325
Expenditure from corporate funds	San Francisco, CA 94105
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Account Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/31/2023	Bento for Business
Amount (\$)	Payee address; City; State; Zip Code
\$230.00	221 Main Street Suite 1325
·	
Expenditure from corporate funds	San Francisco, CA 94105
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 Account Service Fee
	Account Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2023	Bento for Business
Amount (\$)	Payee address; City; State; Zip Code
\$172.50	221 Main Street Suite 1325
Expenditure from corporate funds	San Francisco, CA 94105
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUBE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Account Service Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

Candidate/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: 5/9 Rpt: 8/14	Engage Texas 00084992			
4 Date	5 Payee name			
04/03/2023	Cogency Global			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$139.00	1025 CONNECTICUT AVE., N.W.			
— Foresedit ve from				
Expenditure from corporate funds	Washington, DC 20036			
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			
	Corporate Services Fee			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
5				
Date	Payee name			
01/04/2023	Microsoft			
Amount (\$)	Payee address; City; State; Zip Code			
\$148.84	One Microsoft Way			
Expenditure from	Dedmand WA 000F2			
corporate funds	Redmond, WA 98052			
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			
	Software Fee			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				
Date	Payee name			
02/06/2023	Microsoft			
Amount (\$)	Payee address; City; State; Zip Code			
\$148.84	One Microsoft Way			
, , ,	.,			
Expenditure from corporate funds	Redmond, WA 98052			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense			
··-	Check if Austin, TX, officeholder living expense Software Fee			
	Software Fee			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				

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 Committe

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/9 Rpt: 9/14	Engage Texas 00084992
4 Date	5 Payee name
03/06/2023	Microsoft
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$148.84	One Microsoft Way
Expenditure from corporate funds	Redmond, WA 98052
8 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 Software Fee
	Software Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
04/04/2023	Microsoft
Amount (\$)	Payee address; City; State; Zip Code
\$148.84	One Microsoft Way
Expenditure from corporate funds	Redmond, WA 98052
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
	Software Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/11/2023	RightSide Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$225.00	PO Box 341027
- "	
Expenditure from corporate funds	Austin, TX 78734
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Compliance Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	'

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	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: 7/9 Rpt: 10/14	Engage Texas 00084992		
4 Date	5 Payee name		
06/30/2023	RightSide Compliance		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$360.00	PO Box 341027		
Expenditure from corporate funds	Austin, TX 78734		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Compliance Consulting		
• O I O O O O O O O O O O O O O O O O O			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/31/2023	Truist		
Amount (\$)	Payee address; City; State; Zip Code		
\$15.00	200 WEST SECOND ST		
Expenditure from corporate funds	WINSTON-SALEM, NC 27101		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
	Check if Austin, TX, officeholder living expense		
	Bank Fee		
2 1 2 2 1 1 2 1 1			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
02/28/2023	Truist		
Amount (\$)	Payee address; City; State; Zip Code		
\$15.00	200 WEST SECOND ST		
Expenditure from corporate funds	WINSTON-SALEM, NC 27101		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
	Check if Austin, TX, officeholder living expense		
	Bank Fee		
0 1. 6			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
2			

SCHEDULE F1

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to com	uplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 11/14	Engage Texas	00084992
4 Date	5 Payee name	
03/31/2023	Truist	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$87.00	200 WEST SECOND ST	
Expenditure from corporate funds	WINSTON-SALEM, NC 27101	
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
04/30/2023	Truist	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$15.00	200 WEST SECOND ST	
Expenditure from		
corporate funds	WINSTON-SALEM, NC 27101	
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
		Bank Fee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		
Date	Payee name	
05/31/2023	Truist	
Amount (\$)	Payee address; City; State; Zip Cod	ρ
\$15.00	200 WEST SECOND ST	
410.00	233 W231 3233ND 31	
Expenditure from corporate funds	WINSTON-SALEM, NC 27101	
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 Bank Fee
		Saint 1 00
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 12/14	Engage Texas		00084992
4 Date	5 Payee name		
06/30/2023	Truist		
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	
\$15.00	200 WEST SECOND ST		
Expenditure from corporate funds	WINSTON-SALEM, NC 27101		
8 PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel out	side of Texas. Complete Schedule T.
		-	X, officeholder living expense
		Bank Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experience to benefit 6/6	···		

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: 1/2 Rpt: 13/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Engage Texas** 00084992 Date 8 Amount (\$) 5 Name of person from whom amount is received 01/31/2023 Truist \$0.07 6 Address of person from whom amount is received; City; State; Zip Code WINSTON-SALEM, NC 27101 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Date Name of person from whom amount is received 02/28/2023 \$0.07 Address of person from whom amount is received; City; State; Zip Code WINSTON-SALEM, NC 27101 Purpose for which amount is received Check if political contribution returned to filer Interest Date Name of person from whom amount is received Amount (\$) 03/31/2023 \$0.07 Truist Address of person from whom amount is received; City; State; Zip Code

Interest

WINSTON-SALEM, NC 27101

Purpose for which amount is received

WINSTON-SALEM, NC 27101

Purpose for which amount is received

WINSTON-SALEM, NC 27101

Purpose for which amount is received

Name of person from whom amount is received

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Address of person from whom amount is received; City; State; Zip Code

Interest

Truist

Interest

Date

Date

05/31/2023

04/30/2023

Check if political contribution returned to filer

Check if political contribution returned to filer

Check if political contribution returned to filer

Amount (\$)

Amount (\$)

\$0.07

\$0.07

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: 2/2 Rpt: 14/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Engage Texas** 00084992 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 06/30/2023 \$0.07 Truist 6 Address of person from whom amount is received; City; State; Zip Code WINSTON-SALEM, NC 27101 Purpose for which amount is received Check if political contribution returned to filer Interest