#### 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) 00087031 3 COMMITTEE NAME **OFFICE USE ONLY** MOAK CASEY PAC Date Received **ELECTRONICALLY FILED** 07/16/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1001 Congress Ave Date Hand-delivered or Date Postmarked Ste 250 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Ginger NAME NICKNAME LAST **SUFFIX** Averitt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1001 Congress Ave STREET **ADDRESS** Ste 250 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1001 Congress Ave. MAILING **ADDRESS** Ste 250 Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 560-4098 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

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC			00087031	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Angie Chen Button State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	31,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	26,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	33,035.24
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Gin	ger Averitt	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	iministering oath	Printed name of officer administering oath	ritle of office	cer administering oath

### FORM GPAC ADDENDUM

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armando Wal	le State Represer	ntative	
(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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Brad Buckley	State Representa	ntive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Brad Backley	State Represente	uvc	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Charles Cunn	ingham State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	1	ı				

### FORM GPAC ADDENDUM

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						1 ago 1 01 20
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan Stat	e Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	David Spiller State	e Renresentati	VA	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		David Spiller State	e representati	vc	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dustin Burrows S	tate Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

### FORM GPAC ADDENDUM

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12 COMMITTEE NAM	E				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY P	AC				00087031	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Glenn Rogers	State Representa	ative	
(Attach lists on plai paper to complete report if necessary	his	B. Opposed				
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A Supported	lames Talarias	State Represen	ntative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		James Falance	State Represen	itative	
(Attach lists on plai paper to complete report if necessary	his	B. Opposed				
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jared Patterso	n State Represe	ntative	
(Attach lists on plai paper to complete report if necessary	his	B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)					
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### FORM GPAC ADDENDUM

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						1 ago 0 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Keith Bell State Representative	е	
	(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.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates		Mano DeAyala State Represe	ntativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Wallo Do Iyala State Represen	nauve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Morgan Meyer State Represer	ntative	
	(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.)				
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				

### FORM GPAC ADDENDUM

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						1 ago 1 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Reggie Smith State Representa	ttive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A Supported	Shawn Thierry State Represent	ativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Shawn Thieny State Represent	auve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Shelby Slawson State Represer	ntative	
	(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			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
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### FORM GPAC **ADDENDUM**

					Page 8 01 23
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Steve Allison State Representat	iive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A Supported	Brandon Creighton State Senate	or	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Brandon Creignton State Senati	OI	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charles Schwertner State Sena	tor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				

# FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jose Menendez State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Judith Zaffirini State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Phil King State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

### FORM GPAC **ADDENDUM**

						Page 10 of 23
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Cole Hefner	State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ken King St	ate Representativ	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

### GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

PURPOSE							Page 11 of 2	
12 COMMITTEE NAME					1	<b>3</b> Filer ID	(Ethics Commission Filer	
MOAK CASEY PAC						00087031	•	,
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Jeff Leach	State Represe	l_ entative			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	Officeholders     Assisted							
	(Identify by name or, if applicable, classify by party.)							

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

				OVER OTIEE	12 of 23
17 COMM			<b>18</b> Filer ID	(Ethics Commission	on Filers)
		SEY PAC	00087031	Т	
		SCHEDULE		SUBTOTAL A	AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	31,250.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	26,000.00
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.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	50.00
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 13/23
2	FILER NAME MOAK CASE	EY PAC			3	Filer ID (Ethics Commission Filers) 00087031
4	Date 06/26/2023	<ul> <li>Full name of contributor</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
8		Austin, TX 78736  pation / Job title (See Instructions acy Servcies	s)	9 Employer (See Instructions Moak Casey, LLC	<u> </u> ;)	
	Date 06/26/2023	Full name of contributor Casey, Dan Contributor address; City; Si Austin, TX 78723	out-of-state PAC (ID#:	)		Amount of Contribution (\$) \$15,000.00
	Principal occu Consultant	pation / Job title (See Instructions	)	Employer (See Instructions Self	<u> </u> 5)	
	Date 06/22/2023	Full name of contributor Huberty, Dan Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Humble , TX 77346 pation / Job title (See Instructions	s)	Employer (See Instructions	  -  s)	
	COO			Moak Casey, LLC		
	Date 06/28/2023	Full name of contributor Huberty, Dan Contributor address; City; S Humble, TX 77346	out-of-state PAC (ID#:			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Moak Casey, LLC	<u>(</u>	
	Date 06/30/2023	Full name of contributor Ruehman, Kari Contributor address; City; Si Bastrop, TX 78602	out-of-state PAC (ID#:			Amount of Contribution (\$) \$1,000.00
	Principal occu Chief of Staf	pation / Job title (See Instructions f	5)	Employer (See Instructions Moak Casey, LLC	5)	
			<del></del>			

#### 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

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

Candidate/Officeholder/Politica 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 14/23	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/27/2023	Allison, Steve
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	200 Morningside Drive
Expenditure from corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2023	Bell, Keith
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1178
Expenditure from corporate funds	Forney, TX 75126
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2023	Buckley, Brad
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1321 Pershing Drive
Expenditure from	
corporate funds	Killeen, TX 76549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
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 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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/9 Rpt: 15/23	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/27/2023	Burrows, Dustin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2569
Expenditure from	
corporate funds	Lubbock, TX 79408
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
06/27/2023	Button, Angie Chen
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. BOX 832748
Expenditure from	
corporate funds	Richardson, TX 75083
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/21/2023	Creighton, Brandon
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	2257 N. LOOP 336
Expenditure from	
corporate funds	CONROE, TX 77304
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 3/9 Rpt: 16/23	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/27/2023	Cunningham, Charles
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 14352
Expenditure from corporate funds	Humble, TX 77347
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
O Commission ONII V if allowed	Our did to 10 ff as had done as one of the second to the s
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2023	DeAyala, Mano
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	12335 Kingsride Lane #416
Expenditure from corporate funds	Houston, TX 77024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payeo namo
06/28/2023	Payee name  Hefner, Cole
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75456
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO DOTTORE O/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

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

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: 4/9 Rpt: 17/23	MOAK CASEY PAC 00087031
3011. 4/9 Kpt. 17723	MOAN CASET PAC 00007031
4 Date	5 Payee name
06/28/2023	King, Ken
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 517
41,000.00	1101.500.011
Expenditure from	
corporate funds	Canadian, TX 79014
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-l
Date	Payee name
06/27/2023	King, Phil
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1913
, ,	
Expenditure from	W
corporate funds	Weatherford, TX 76086
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Davies same
	Payee name
06/28/2023	Leach, Jeff
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 866186
Expenditure from corporate funds	Plano, TX 75086
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
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

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

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

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: 18/23	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/27/2023	Menendez, Jose
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 100833
Expenditure from corporate funds	San Antonio, TX 78201
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
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2023	Meyer, Morgan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3838 Oak Lawn Avenue
	Ste 400
Expenditure from corporate funds	Dallas, TX 75219
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2023	Parker, Tan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/9 Rpt: 19/23	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/27/2023	Patterson, Jared
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 5419
Expenditure from corporate funds	Frisco, TX 75035
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
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2023	Phelan, Dade
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 848
42,000.00	. 16. 26. 6 .6
Expenditure from corporate funds	Nederland, TX 77627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Dete	
Date	Payee name
06/27/2023	Rogers, Glenn
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 11
Expenditure from corporate funds	Graford, TX 76449
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
LAI LIIDITURL	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/Of	1

### SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in 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: 7/9 Rpt: 20/23	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/26/2023	Schwertner, Charles
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	
Date	Payee name
06/27/2023	Slawson, Shelby
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 286
Expenditure from corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/27/2023	Smith, Reggie
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	300 N Travis St
Expenditure from	
corporate funds	Sherman, TX 75090
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

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: 8/9 Rpt: 21/23	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/27/2023	Spiller, David
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 447
Expenditure from corporate funds	Jacksboro, TX 76458
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1
Date	Payee name
06/27/2023	Talarico, James
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P. O. Box 15207
Expenditure from corporate funds	Austin, TX 78761
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
06/27/2023	Thierry, Shawn
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5100 Westheimer #200
Expenditure from corporate funds	Houston, TX 77056
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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
OTHER (enter a category not listed above)

Candidate/Officenoider/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: 9/9 Rpt: 22/23	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/27/2023	Walle, Armando
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	4826 Hollybrook Lane
E conditions from	
Expenditure from corporate funds	Houston, TX 77039
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee
	Candidate/Officeholder/Political Committee Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/27/2023	Zaffirini, Judith
Amount (\$) \$500.00	Payee address; City; State; Zip Code
υυ.υυσφ	POST OFFICE BOX 627
Expenditure from corporate funds	Laredo, TX 78042
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Sampaign Sonaissasi.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

	POLITICAL CONTRIBUTIONS	SCHEDULE I
	The Instruction Guide explains how to complet	te this form.
Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME MOAK CASEY PAC	3 Filer ID (Ethics Commission Filers) 00087031
Date 05/31/2023	5 Payee name Wells Fargo	
Amount (\$) 50.00  Expenditure from	7 Payee Address; City; State; Zip PO Box 6995	
corporate funds PURPOSE OF EXPENDITURE	Portland, OR 97228  (a) Category (See instructions for examples of acceptable categories) Accounting/Banking  Bank F	