#### 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) 00087777 3 COMMITTEE NAME **OFFICE USE ONLY** Family Empowerment Coalition PAC Date Received **ELECTRONICALLY FILED** 07/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 341027 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 (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** (512) 277-6095 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** 06/26/2023 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

2 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Family Empowerment Coalition PAC		00087777	
4 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by par	A. Supported Charles Cunningham State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Measures	A. Supported		
(Describe by date and loc of election and nature of is	ation		
	B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by par	ty.)		
TOTALS PLEDGES, LOA CONTRIBUTION	IIZED POLITICAL CONTRIBUTIONS (OTHER THAN ANS, OR GUARANTEES OF LOANS, OR NS MADE ELECTRONICALLY) eport qualifies for the higher itemization threshold	\$	0.00
	FICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	365,000.00
EXPENDITURE 3. TOTAL UNITEN TOTALS	MIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLIT	TICAL EXPENDITURES	\$	195,000.00
CONTRIBUTION 5. TOTAL POLITIC OF THE REPORT	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST RTING PERIOD	DAY \$	365,000.00
	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T THE REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			
	I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
	Cabell Signature of Car	Hobbs	uror
AFFIX NOTARY STAMP / SEAL ABO		npaign measc	il ei
Sworn to and subscribed before me, by the so	aid, th	nis the	day
	rtify which, witness my hand and seal of office.		day
Signature of officer administering oath	Printed name of officer administering oath	Title of office	cer administering oath

## FORM GPAC ADDENDUM

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Family Empowerment C	Coalition PAC			00087777	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Cody Harris State Representa	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			
	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 Representa	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.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Dr. Brad Buckley State Repre	sentative	
(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 NAME						13 Filer ID	(Ethics Commission File	rs)
	Family Empowerment C	oalition PAC					00087777		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Greg Bonnen	State Representa	ative		
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed					
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported					
			B. C	Opposed					
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
	COMMITTEE	1. Candidates	<del></del>	Sunnartad	Harold Dutton	State Depress	ativo		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		supporteu	Harold Dullon	State Represent	auve		
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed					
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported					
			B. C	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. S	Supported	Jacey Jetton S	State Representa	tive		
	(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed					
		Measures     (Describe by date and location of election and nature of issue.)	A. S	Supported					
			B. C	Opposed					
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
		(Identify by name or, if							_

## FORM GPAC ADDENDUM

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								1 age 0 01 10
12	COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
	Family Empowerment C	coalition PAC					00087777	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	James Frank S	State Representa	tive	
	(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	1. Candidates	ΙΔ	Sunnorted	Matt Schoofer	State Representa	ntivo.	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Supported	Matt Schaeler	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	Sergio Munoz	State Representa	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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	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
F	Family Empowerment C	Coalition PAC				00087777	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Shawn Thierry	State Represent	tative	
ŗ	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	1. Candidates	A. Supported	Brian Harrison	State Represent	ative	
A	ACTIVITY	(Identify by name or, if applicable, classify by party.)			·		
ŗ	(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.)		Angela Paxton	State Senator		
ŗ	(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.)					
		Assisted (Identify by name or, if					

## FORM GPAC **ADDENDUM**

						Page 7 of 18
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Family Empowerment C	Coalition PAC			00087777	
	COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Drew Springer 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	1. Candidates (Identify by name or, if applicable, classify by party.)		Brandon Creighton State Senat	or	
	(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.)		Donna Campbell 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.)				
			ı			

## FORM GPAC ADDENDUM

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Family Empowerment C	Coalition PAC			00087777	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Paul Bettencourt 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	A. Supported			
	nature of issue.)	P. Opposed			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Mayes Middleton State Senator		
	(Identify by name or, if applicable, classify by party.)				
(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.)		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.)	<u> </u>			

## **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					9 of 18
<b>17</b> CON	имітте	E NAME	18 Filer ID	(Ethics C	Commission Filers)
l Fan	nilv Em	powerment Coalition PAC	00087777	`	,
		E SUBTOTALS		1	
		SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	350,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	15,000.00
7.		\$			
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	195,000.00
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.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 10/18	
2	FILER NAME Family Empo	owerment Coalition PAC		3	Filer ID (Ethics Commission Filers) 00087777
4	Date 06/30/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$90,000.00
8	Principal occu	Dallas, TX 75225-6548 pation / Job title (See Instructions)	Employer (See Instructions		
•	Retired	pation / Job title (See Instructions)	e Employer (See Instructions	,	
	Date 06/30/2023	Full name of contributor			Amount of Contribution (\$) \$40,000.00
		Dallas, TX 75229-6611			
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#: Hock, Stacy A.  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100,000.00
	Deinsinal assu	Austin, TX 78746	Frankrijer (Coo krativistiana		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	) 	
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_Linbeck III, Leo E.  Contributor address; City; State; Zip Code  Houston, TX 77042-2514			Amount of Contribution (\$) \$120,000.00
	Principal occu President &	pation / Job title (See Instructions) CEO	Employer (See Instructions	)	

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION The Instruction Guide explains how to complete this form. 1 Total pages Schedule C3: Sch: 1/1 Rpt: 11/18 2 FILER NAME Samily Empowerment Coalition PAC 3 Filer ID (Ethics Commission Filers) 00087777

6 Amount (\$)

4 Date

06/30/2023

5 Corporation / Labor Organization name

Aquinas Companies, LLC

15,000.00

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

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: 1/7 Rpt: 12/18	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
06/30/2023	Angela Paxton Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 2878
Expenditure from	McKinney, TX 75070
corporate funds	
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  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/29/2023	Charles Cunningham Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 14352
Expenditure from corporate funds	Humble, TX 77347
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н
Date	Payes name
06/29/2023	Payee name  Cody Harris for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1007 N Mallard St.
Expenditure from	
corporate funds	Palestine, TX 75801
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ħ

#### 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	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: 2/7 Rpt: 13/18	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
06/29/2023	Cole Hefner for State Representative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75456
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Di Libilone	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
06/29/2023	Dr. Brad Buckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1321 Pershing Drive
Ψ10,000.00	1021 Foliaming 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
Di Libilone	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
06/30/2023	Drew Springer for Texas
	· ·
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 6
Evponditure from	
Expenditure from corporate funds	Muenster, TX 76252
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EVENDIIOKE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
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 (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total magas Cabadula F1:	
1 Total pages Schedule F1:	
Sch: 3/7 Rpt: 14/18	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
06/30/2023	Friends of Brandon Creighton
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,000.00	2257 N Loop 336, Ste 140-366
\$15,000.00	2237 N Loop 330, Sie 140-300
Expenditure from	
corporate funds	Conroe, TX 77304
8 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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/30/2023	Friends of Donna Campbell
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 171021
Expenditure from	San Antonio TV 70217
corporate funds	San Antonio, TX 78217
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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/O	
Date	Payee name
06/30/2023	Friends of Paul Bettencourt
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1 E Greenway Plaza, Ste 225
Expenditure from	
corporate funds	Houston, TX 77046
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### 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 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: 4/7 Rpt: 15/18	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
06/29/2023	Greg Bonnen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 1183
Expenditure from corporate funds	Friendswood, TX 77549
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
	Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/29/2023	Harold Dutton Campaign
Amount (\$)	Payee address; City; State; Zip Code
```.	
\$10,000.00	4001 Jewett St.
Expenditure from	
corporate funds	Houston, TX 77026
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payeo namo
	Payee name
06/29/2023	Jacey Jetton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1723 Hearthside Ct.
Expenditure from	Diahmand TV 77406
corporate funds	Richmond, TX 77406
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	<del>1</del>

#### 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 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	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 Cabadula F1:	1	
1 Total pages Schedule F1: Sch: 5/7 Rpt: 16/18	2 FILER NAME Family Empowerment Coalition PAC  3 Filer ID (Ethics Commission Filers) 00087777	
4 Date		
06/29/2023	5 Payee name James Frank for Texas State Representative	
	·	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10,000.00	3808 B Kemp Blvd., Suite 321	
Expenditure from corporate funds	Wichita Falls, TX 76308	
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 Committee ONII Wife discret	One distributed Office health	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/29/2023	Matt Schaefer Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	PO Box 7191	
Expenditure from corporate funds	Tyler, TX 75711	
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 ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
06/30/2023	Mayes Middleton for Texas Senate	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	PO Box 1526	
Expenditure from corporate funds	Galveston, TX 77553	
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 CNU V if all	Condidate/Officeholder come	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
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#### 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 (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal marian Cabadula E1.	
1 Total pages Schedule F1:	
Sch: 6/7 Rpt: 17/18	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
06/30/2023	Phil King Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 1913
\$10,000.00	FO BOX 1913
Expenditure from	
corporate funds	Weatherford, TX 76086-9928
8 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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/29/2023	Sergio Munoz Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 1257
Expenditure from corporate funds	Mission, TX 78573
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit 6/01	•
Date	Payee name
06/29/2023	Shawn Thierry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	3359 Charleston St
\$10,000.00	5559 Challeston St
Expenditure from	
corporate funds	Houston, TX 77021
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>⊣</b>

#### 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/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/7 Rpt: 18/18 Family Empowerment Coalition PAC 00087777 4 Date Payee name 06/29/2023 Texans for Brian Harrison 6 Amount (\$) Payee address; City; State; Zip Code \$10,000.00 6061 Hayes Rd. Expenditure from Midlothian, TX 76065 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH