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) 00081021 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Dripping Springs Education Date Received **ELECTRONICALLY FILED** 01/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 166 Hargraves Dr Date Hand-delivered or Date Postmarked Ste#C-400-643 Change of Address Austin, TX 78737 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Monica NAME NICKNAME LAST **SUFFIX** Newton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 288 Dry Creek Rd. STREET **ADDRESS** (Residence or Business) Austin, TX 78737 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 288 Dry Creek Rd. MAILING **ADDRESS** Austin, TX 78737 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 999-1552 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Month Day Year Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/06/2023 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer	
Friends of Dripping S	prings Education		0008	31021
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 Magguros	A. Supported Rallot ID:null Fle	ection Deterance OF 06	C Doggi DCICD Dand Drang
	Measures (Describe by date and location of election and nature of issue.)	Ballot ID:null Ele	ection date:2023-05-06	6 Desc:DSISD Bond Props
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS	D POLITICAL CONTRIBUTIONS (O' OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization thresh	₹	\$ 0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$ 367.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS G PERIOD	OF THE LAST DAY	\$ 2,692.63
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING REPORTING PERIOD		\$ 0.00
6 AFFIDAVIT				
			includes all information re	at the accompanying report is equired to be reported by me
			Monica Newton	
			Signature of Campaign 1	rreasurer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said		, this the	day
		which, witness my hand and seal of		
Signature of officer	administering oath	Printed name of officer administerin	n nath Title	of officer administering oath
Signature of officer	administrary vatti	i milea mame of officer auffillisterill	ig Jain Tille	or omoor aurillistering valit

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 12

			3 of 12
17 COMMITTEE NAME	18 Filer ID	(Ethics Commissi	on Filers)
Friends of Dripping Springs Education			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL	AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR I ORGANIZATION	LABOR	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORILABOR ORGANIZATION	PORATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR	ORGANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LA ORGANIZATION	ABOR	\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LAB	BOR ORGANIZATION	\$	
9. X SCHEDULE E: LOANS		\$	0.00
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	TIONS	\$	367.25
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIL	BUTIONS	\$	0.00
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIB	BUTIONS	\$	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	

PLEDGED CONTRIBUTIONS		SCHEDULE B
The Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/12
2 FILER NAME Friends of Dripping Springs Education		3 Filer ID (Ethics Commission Filers) 00081021
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.0
5 Date 6 Full name of pledgor out-of-state PAC (II	Date 6 Full name of pledgorout-of-state PAC (ID#:)	
7 Pledgor Address; City; State; Zip Co	ode	Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (See Instructions)	11 Employer (See Ins	structions)

	LOANS					SCHE	DULE E
	The Instruction Guide explains how to complete this form				pages Schedule E: L/1 Rpt: 5/12		
2	FILER NAME Friends of Drippi	ing Springs Education			3 Filer II 00081	C) (Ethics Commis 1021	sion Filers)
4	TOTAL OF UN	IITEMIZED LOANS			l	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	.C (ID#:		9 Loan Amoun	t (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	?
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ctions)	•	
14	Description of Coll None	ateral		15 Check if personal fun	ds were deposite	ed into political acco (See Instruct	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guar	ranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instru	ctions)	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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 6/12	Friends of Dripping Springs Education 00081021
4 Date	5 Payee name
07/31/2023	Broadway Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.00	320 US 290
Expenditure from corporate funds	Dripping Springs, TX 78620
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/31/2023	Broadway Bank
Amount (\$)	Payee address; City; State; Zip Code
\$4.00	320 US 290
Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/29/2023	Broadway Bank
Amount (\$)	
\$4.00	320 US 290
Expenditure from	
corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
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
Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 7/12	Friends of Dripping Springs Education	00081021
4 Date	5 Payee name	<u>'</u>
10/31/2023	Broadway Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$4.00	320 US 290	
Expenditure from corporate funds	Dripping Springs, TX 78620	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Bank Fees
O Complete ONLY if direct	Condidate/Officeholder name Office court	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
11/30/2023	Broadway Bank	
Amount (\$)	Payee address; City; State; Zip Code	9
\$4.00	320 US 290	
Expenditure from		
corporate funds	Dripping Springs, TX 78620	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt Office held
expenditure to benefit C/O	4	
Date	Payee name	
12/29/2023	Broadway Bank	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$4.00	320 US 290	
Expenditure from corporate funds	Dripping Springs, TX 78620	
PURPOSE		b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, toosanting/Barming	Check if Austin, TX, officeholder living expense
		Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
experientare to beliefit 6/01	•	

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 3/7 Rpt: 8/12	Friends of Dripping Springs Education 00081021	
4 Date	5 Payee name	
07/10/2023	Campaign Partner	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$4.95	PO Box 118	
Expenditure from corporate funds	Still River, MA 01467	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Website	
	vvebsite	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experialitate to beliefit 6/6		
Date	Payee name	
08/09/2023	Campaign Partner	
Amount (\$)	Payee address; City; State; Zip Code	_
\$4.95	PO Box 118	
,		
Expenditure from corporate funds	Still River, MA 01467	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Website	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
Date	Payee name	_
09/11/2023	Campaign Partner	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.95	PO Box 118	
Φ4.95	PO BOX 116	
Expenditure from		
corporate funds	Still River, MA 01467	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
2/11/21/31/2	Check if Austin, TX, officeholder living expense	
	Website	
		_
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experiulture to beliefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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 Salarice Magnet/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 complete this form.
1 T	otal pages Schedule F1:	
	Sch: 4/7 Rpt: 9/12	Friends of Dripping Springs Education 00081021
4 D	Pate	5 Payee name
1	.0/10/2023	Campaign Partner
6 A	mount (\$)	7 Payee address; City; State; Zip Code
	\$4.95	PO Box 118
	Expenditure from corporate funds	Still River, MA 01467
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website
		The series
9 C	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	xpenditure to benefit C/O	
)ate	Payee name
1	1/09/2023	Campaign Partner
Α	mount (\$)	Payee address; City; State; Zip Code
	\$4.95	PO Box 118
	Expenditure from corporate funds	Still River, MA 01467
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Pate	Payee name
1	2/11/2023	Campaign Partner
Α	mount (\$)	Payee address; City; State; Zip Code
	\$4.95	PO Box 118
	Expenditure from corporate funds	Still River, MA 01467
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
e	xpenditure to benefit C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	GI Committee Le	ood/Beverage Expense itr/Awards/Memorials Expense egal Services 'rhe Instruction Guide explains h		ense ges/Contract Labor	Travel in District Travel Out of Distric OTHER (enter a car	et tegory not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 10/12	Friends of Dri	ipping Springs Education			00081021	
4 Date	5 Payee name					
12/08/2023	GoDaddy.cor	n				
6 Amount (\$)	7 Payee address	; City; State;	Zip Cod	е		
\$153.38	2155 GoDado	dy Way				
Expenditure from corporate funds	Tempe, AZ 8	5284				
8 PURPOSE	(a) Category (See	Categories listed at the top of this sche	edule) (b) Description		
OF EXPENDITURE	Office Overhe	ead/Rental Expense			outside of Texas. Comple	
				ш	n, TX, officeholder living ex	pense
				Web Service	5	
9 Complete ONLY if direct	Candidata/Office	sholder name	Office cour	ht	Office held	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	cholder flatfle C	Office soug		Onice neid	
Date	Payee name					
07/03/2023	Google					
Amount (\$)	Payee address	; City; State;	Zip Cod	е		
\$12.67	1600 Amphith	neatre Pkwy				
Expenditure from corporate funds	Mountain Vie	w, CA 94043				
PURPOSE	(a) Category (See	Categories listed at the top of this sche	edule) (b) Description		
OF EXPENDITURE	Office Overhe	ead/Rental Expense			outside of Texas. Comple	
-				—	n, TX, officeholder living ex	pense
				Email hosting	J	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	cholder name C	Office soug	ht	Office held	
Date	Payee name					
08/01/2023	Google					
Amount (\$)	Payee address	; City; State;	Zip Cod	Δ		
\$12.67	1600 Amphith		Zip Cou	C		
Φ12.07	TOOO WIIIhiiiii	icalic Frwy				
Expenditure from corporate funds	Mountain Vie	w, CA 94043				
PURPOSE	(a) Category (See	Categories listed at the top of this sche	edule) (b) Description		
OF EXPENDITURE	Office Overhe	ead/Rental Expense			outside of Texas. Comple	
-				Email hosting	n, TX, officeholder living ex	pense
				LIIIGII IIUSIIIIŲ	e e e e e e e e e e e e e e e e e e e	
Complete ONLY if direct	Candidate/Office	Pholder name	Office soug	ht	Office held	
expenditure to benefit C/O			oo oouy	•••	Since field	

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

ment Solicitation/Fundraising Expense
nse 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: 6/7 Rpt: 11/12	Friends of Dripping Springs Education 00081021
4 Date	5 Payee name
09/01/2023	Google
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12.67	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Website
	Website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	
Date	Payee name
10/02/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$12.67	1600 Amphitheatre Pkwy
Expenditure from	
corporate funds	Mountain View, CA 94043
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
	Email hosting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Data	Para and a second
Date	Payee name
11/01/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
\$12.67	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	
OF	,
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Email hosting
Complete CNI V 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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: Sch: 7/7 Rpt: 12/12	: 2 FILER NAME	(Ethics Commission Filers)
4 Date 12/01/2023	5 Payee name Google	
6 Amount (\$) \$12.67	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Cr Check if Austin, TX, officeholder live Email hosting	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office OH	held
Date 07/06/2023	Payee name The UPS Store	
Amount (\$) \$84.15 Expenditure from corporate funds	Ste# C Austin, TX 78737	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Co	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office OH	held