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** 01/16/2024 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 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 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)
Family Empowerment	Coalition PAC		00087777	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Hillary Hickland State Represo	entative	
(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)	\$	443,025.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	717.33
	4. TOTAL POLITICA	L EXPENDITURES	\$	382,159.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	173,197.00
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING 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.		
		Cabel	ll Hobbs	
		Signature of Ca	ımpaign Treası	irer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, t	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

FORM GPAC ADDENDUM

Page 3 of 37

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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.)		Joanne Shofner State Represer	ntative	
	(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	Janis Holt State Representative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Janis Holi State Representative		
	(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	Marc LaHood 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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		•	•			

FORM GPAC ADDENDUM

Page 4 of 37

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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	Stormy Bradley	State Represen	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	1. Candidates	Δ	Supported	Chris Spencer S	State Donrocont	ativo.	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Supported	Chins Spericer s	state Represent	alive	
	(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	Brent Money St	ate Representat	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.))					
)					

FORM GPAC ADDENDUM

Page 5 of 37

						1 ago o o o
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.)		Briscoe Cain State Representat	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	Stephanie Klick State Represen	ntativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Stephanie Nick State Represen	lialive	
	(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	Steve Toth State Representative	e	
	(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 6 of 37

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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.)		Matt Shaheen	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.)		Candy Noble	State Representat	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 ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Helen Kerwin	State Representat	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.)					

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

PURPOSE						ADDENDOM
						Page 7 of 37
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Family Empowerment	Coalition PAC				00087777	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ellen Troxclair	State Represen	tative	
(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.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					8 of 37
17 CO	MMITTE	(Ethics Commissio	n Filers)		
Far	nily En	powerment Coalition PAC	00087777	•	,
		SUBTOTALS			
l		SCHEDULE		SUBTOTAL A	MOUNT
	VIL 01 .				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	443,025.00
					0,020.00
		COLIED HE AG, MON MONETARY (IN 1/IND) POLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
		UNDANIZATION		ļ ·	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
] 3.	Ш	LABOR ORGANIZATION		P	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
	Ш			Ψ	
		00115011155 104410			
9.	Ш	SCHEDULE E: LOANS		\$	
10.	Χ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	382,159.39
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
	Ш	CONTENDED TO THE CONTENDED OF THE CONTENDE OF THE CONTENDED OF THE CONTEND	0.10	ΙΦ	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		 \$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
		10 FILER		<u> </u>	
i					
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	MONEI	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDULE A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 9/37
2	FILER NAME Family Empo	owerment Coalition PAC			3	Filer ID (Ethics Commission Filers) 00087777
4	Date 10/04/2023	Full name of contributor Baehr, KristinaContributor address; City; S)	7	Amount of Contribution (\$) \$5,000.00
		Austin, TX 78703				
8	Principal occu Attorney	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)	
	Date 09/14/2023	Full name of contributor Brown, Jeffrey S. Contributor address; City; S Austin, TX 78746	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$50,000.00
	Principal occu Software En	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>l</u> 5)	
	Date 12/27/2023	Full name of contributor CRANBERG, ALEXIS M. Contributor address; City; S BOSTON, MA 02205				Amount of Contribution (\$) \$150,000.00
	Principal occu Chairman	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 5)	
	Date 09/25/2023	Full name of contributor Cravens, William H. Contributor address; City; S Houston, TX 77056				Amount of Contribution (\$) \$1,500.00
	•	pation / Job title (See Instructions ce President	5)	Employer (See Instructions	<u>. </u>	
	Date 10/13/2023	Full name of contributor Ferdman, David H. Contributor address; City; S Austin, TX 78746	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$10,000.00
	Principal occu Healthcare F	pation / Job title (See Instructions inance	5)	Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE A1
	The Instru	etion Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 10/37
2	FILER NAME Family Empo	owerment Coalition PAC			Filer ID (Ethics Commission Filers) 00087777
4	Date 11/14/2023	 Full name of contributor out-of-state PAC Fieldstead and Company Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$) \$15,000.00
		Irvine, CA 92623			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)	
	Date 11/08/2023	Full name of contributor out-of-state PAC Hock, Stacy A. Contributor address; City; State; Zip Code Austin, TX 78746	(ID#:)		Amount of Contribution (\$) \$50,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
	Date 11/17/2023	Full name of contributor out-of-state PAC Hootman, Joe Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$) \$25.00
		Austin, TX 78758 pation / Job title (See Instructions)	Employer (See Instruction	ns)	
	Date 11/18/2023	Full name of contributor out-of-state PAC Karl, Bob Contributor address; City; State; Zip Code Keller, TX 76262	(ID#:)		Amount of Contribution (\$) \$500.00
	Principal occu Healthcare F	nation / Job title (See Instructions)	Employer (See Instruction	ins)	
	Date 09/25/2023	Full name of contributor out-of-state PAC Lyles, Thomas W. Contributor address; City; State; Zip Code San Antonio, TX 78232	(ID#:)		Amount of Contribution (\$) \$10,000.00
	Principal occu Chairman	oation / Job title (See Instructions)	Employer (See Instruction	ns)	
			·		

	MONET	ARY POLITICAL CONTRIBU	TIONS	5		SCHEDULE A1
	The Instru	ction Guide explains how to complete t	his form		1	Total pages Schedule A1: Sch: 3/3 Rpt: 11/37
2	FILER NAME Family Empo	werment Coalition PAC			3	Filer ID (Ethics Commission Filers) 00087777
4	Date 09/01/2023	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$) \$1,000.00
_		Mission Viejo, CA 92691	1			
8		pation / Job title (See Instructions) naging Partner	9 E	mployer (See Instructions)	
	Date 07/18/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$50,000.00
	Principal occu CEO	Dallas, TX 75225 Dation / Job title (See Instructions)	E	mployer (See Instructions)	
	Date 11/09/2023	Full name of contributor out-of-state PAC Popolo, Jr., Joseph Victor Contributor address; City; State; Zip Code Dallas, TX 75225	(ID#:			Amount of Contribution (\$) \$50,000.00
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions)	
	Date 12/06/2023	Full name of contributor out-of-state PAC Popolo, Jr., Joseph Victor Contributor address; City; State; Zip Code Dallas, TX 75225)		Amount of Contribution (\$) \$25,000.00
	Principal occu CEO	oation / Job title (See Instructions)	E	mployer (See Instructions)	
	Date 09/11/2023	Full name of contributor out-of-state PAC Price, Andrew Contributor address; City; State; Zip Code Austin, TX 78733)		Amount of Contribution (\$) \$25,000.00
	Principal occu CFO	oation / Job title (See Instructions)		mployer (See Instructions)	
			•			

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

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: 1/25 Rpt: 12/37	Family Empowerment Coalition PAC 00087777	
4 Date	5 Payee name	
07/26/2023	222 Group LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4,000.00	3303 Perry Ln	
Expenditure from corporate funds	Austin, TX 78731	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Government Affairs Consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialiture to benefit C/O		
Date	Payee name	
08/01/2023	222 Group LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,000.00	3303 Perry Ln	
Expenditure from corporate funds	Austin, TX 78731	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Government Affairs Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
- p		
Date	Payee name	
09/01/2023	222 Group LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,000.00	3303 Perry Ln	
Expenditure from		
corporate funds	Austin, TX 78731	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORE	Check if Austin, TX, officeholder living expense	
	Government Affairs Consulting	
Complete CAU V if direct	Condidate/Officeholder name Office sought Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M

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

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: 2/25 Rpt: 13/37	Family Empowerment Coalition PAC O0087777
4 Date	5 Payee name
10/01/2023	222 Group LLC
6 Amount (\$) \$6,000.00	7 Payee address; City; State; Zip Code 3303 Perry Ln
Ψ0,000.00	Social City Elli
Expenditure from corporate funds	Austin, TX 78731
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Government Affairs Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/19/2023	222 Group LLC
Amount (\$)	Payee address; City; State; Zip Code
\$6,600.00	3303 Perry Ln
Expenditure from	
corporate funds	Austin, TX 78731
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Government Affairs Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/19/2023	222 Group LLC
Amount (\$)	Payee address; City; State; Zip Code
\$6,305.00	3303 Perry Ln
40,000.00	5555 / 6/ly <u>-</u>
Expenditure from corporate funds	Austin, TX 78731
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Web Design, Copywriting & Hosting; Logo Design; Domain Purchase; Email Access
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
Credit Card Payment

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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 3/25 Rpt: 14/37	Family Empowerment Coalition PAC	00087777	
4 Date	5 Payee name		
11/01/2023	222 Group LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$6,000.00	3303 Perry Ln		
— Foresedit ve from			
Expenditure from corporate funds	Austin, TX 78731		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Government Affairs Consulting	
		Covernment, many consulting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught Office held	
expenditure to benefit C/OI		embe nota	
Date	Payee name		
12/01/2023	222 Group LLC		
Amount (\$)	Payee address; City; State; Zip Co	nda	
\$6,000.00	3303 Perry Ln	oue .	
φο,000.00	3303 i city Eli		
Expenditure from corporate funds	Austin, TX 78731		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Government Affairs Consulting	
		Covernment, many consuming	
Complete ONLY if direct	Candidate/Officeholder name Office sou	l uaht Office held	
expenditure to benefit C/OI			
Date	Payee name		
10/17/2023	Aloft Element		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$264.07	621 Congress Ave		
,	cong.com		
Expenditure from corporate funds	Austin, TX 78701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Meeting Food/Beverages	
		Modaling 1 odd/Develages	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	lught Office held	
expenditure to benefit C/OI		onice neid	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/25 Rpt: 15/37	Family Empowerment Coalition PAC 00087777	
4 Date	5 Payee name	
10/16/2023	Arena Hall	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3,420.00	1809 Pearl St	
Expenditure from corporate funds	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Facility Rental/Catering	
	r dollity remained	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Davies same	
	Payee name	
12/27/2023	Brent Money Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$25,000.00	2606 Lee St.	
Expenditure from		
corporate funds	Greenville, TX 75401	
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	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Data		
Date	Payee name	
12/27/2023	Briscoe Cain Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	P.O. Box 7	
Expenditure from		
corporate funds	Deer Park, TX 77536	
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		

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 5/25 Rpt: 16/37	2 FILER NAME Family Empowerment Coalition PAC 3 Filer ID (Ethics Commission Filers) 00087777
4 Date	5 Payee name
12/27/2023	Candy Noble Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	1105 E. Main Street #223
Expenditure from	Allen, TX 75002
corporate funds	Alleli, 17 73002
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
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2023	Chris Spencer Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	1497 County Road 2985
- Funanditura from	
Expenditure from corporate funds	Hughes Springs, TX 75656
PURPOSE	To a second seco
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2023	Doubletree Suites by Hilton Austin
Amount (\$)	Payee address; City; State; Zip Code
\$817.84	303 W 15th St
Ψ017.04	303 W 13til 3t
Expenditure from	
corporate funds	Austin, TX 78701-1692
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Lodging for Board Meeting
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

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi Credit Card Payment	
1 Total pages Schedule F1	.: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/25 Rpt: 17/37	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
10/27/2023	Doubletree Suites by Hilton Austin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$318.65	303 W 15th St
Expenditure from corporate funds	Austin, TX 78701-1692
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Lodging for Board Meeting
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/0	and the state of t
Date	Payee name
11/27/2023	Doubletree Suites by Hilton Austin
Amount (\$)	Payee address; City; State; Zip Code
\$704.91	303 W 15th St
Expenditure from corporate funds	Austin, TX 78701-1692
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Lodging for Board Meeting
Complete ONLY if direct expenditure to benefit C/0	•
Date	Payon name
12/29/2023	Payee name Ellen Troxclair for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	701 HWY 281, Suite H #196
Expenditure from corporate funds	Marble Falls, TX 78654
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 CNII V if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/0	

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

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: 7/25 Rpt: 18/37	Family Empowerment Coalition PAC	00087777
4 Date	5 Payee name	
10/18/2023	Hampton Inn Suites	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.45	1701 Lavaca St	
— Forestitus from		
Expenditure from corporate funds	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel In District	el outside of Texas. Complete Schedule T.
		in, TX, officeholder living expense
	Loughly for	Board Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Date		
12/29/2023	Payee name Helen Kerwin Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$25,000.00	420 Grand Ave	
Expenditure from corporate funds	Glen Rose, TX 76043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	el outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign C	in, TX, officeholder living expense
	Sampaigh S	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		
Date	Payee name	
10/13/2023	Hertz Rental Car	
Amount (\$)	Payee address; City; State; Zip Code	
\$381.45	PO Box 26120	
Expenditure from corporate funds	Oklahoma City, OK 73126-0120	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Traver in District	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	1	or Travel to Board Meeting
		a a a a a a a a a a a a a a a
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 Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 8/25 Rpt: 19/37	Family Empowerment Coalition PAC 00087777	
4 Date	5 Payee name	
11/21/2023	Hillary Hickland Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$25,000.00	6318 Brayson Oaks Ct.	
•		
Expenditure from corporate funds	Belton, TX 76513	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
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	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
10/05/2023	Hilton Garden Inn Austin North	
Amount (\$)	Payee address; City; State; Zip Code	
\$649.03	2600 Brockton Dr.	
Expenditure from corporate funds	Austin, TX 78758	
•		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Lodging for Board Meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Davisa nama	
10/18/2023	Payee name Hilton Garden Inn	
Amount (\$)	Payee address; City; State; Zip Code	
\$275.26	301 W 17th St	
Expenditure from		
corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
D. LIBITORE	Check if Austin, TX, officeholder living expense	
	Lodging for Board Meeting	
Operation Children	Open Higher (Office health are now as the control of the control o	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
· 		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/25 Rpt: 20/37	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
10/18/2023	Hilton Garden Inn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$275.26	301 W 17th St
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Lodging for Board Meeting
	Loaging for Doura Weeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
10/18/2023	Payee name Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$270.01	301 W 17th St
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Lodging for Board Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	<u> </u>
Date	Payee name
10/18/2023	Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$270.01	301 W 17th St
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Lodging for Board Meeting
Commission ONII V if dispose	Condidate/Office holder name Office as white
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 10/25 Rpt: 21/37	Family Empowerment Coalition PAC 00087777	
4 Date	5 Payee name	
10/18/2023	Hilton Garden Inn	
6 Amount (\$) \$263.76	7 Payee address; City; State; Zip Code 301 W 17th St	
Ψ200.10	001 W 17th 0t	
Expenditure from corporate funds	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Lodging for Board Meeting	
	Loughly for Bourd Weeting	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/27/2023	Hilton Garden Inn	
Amount (\$)	Payee address; City; State; Zip Code	
\$603.56	301 W 17th St	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Lodging for Board Meeting	
	Loaging to Douta Mooning	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/21/2023	Holt for Texas	
Amount (\$)	Payee address; City; State; Zip Code	
\$25,000.00	105 Magnolia Trail	
Expenditure from		
corporate funds	Silsbee, TX 77656	
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	
	Candidate/Officerolder/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/On		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/25 Rpt: 22/37	Family Empowerment Coalition PAC	00087777
4 Date	5 Payee name	•
10/09/2023	III Forks	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$874.74	111 Lavaca St.	
— Foresedit ve from		
Expenditure from corporate funds	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Food/Beverages
		Weeting 1 oour beverages
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		giit Since held
Data		
Date	Payee name	
08/02/2023	Intuit Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$58.63	2800 E. Commerce Center Place	
Expenditure from		
corporate funds	Tucson, AZ 85706	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software Subscription
		Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		gni Cinice nelu
Data	D	
Date 09/05/2023	Payee name Intuit Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$58.63	2800 E. Commerce Center Place	
Expenditure from		
corporate funds	Tucson, AZ 85706	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software Subscription
		Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		gni. Onice held

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/25 Rpt: 23/37	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
10/02/2023	Intuit Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$58.63	2800 E. Commerce Center Place
Expenditure from corporate funds	Tucson, AZ 85706
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Software Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/02/2023	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$58.63	2800 E. Commerce Center Place
·	
Expenditure from corporate funds	Tucson, AZ 85706
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/04/2023	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$58.63	2800 E. Commerce Center Place
Expenditure from corporate funds	Tucson, AZ 85706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 13/25 Rpt: 24/37	Family Empowerment Coalition PAC 00087777	
4 Date	5 Payee name	
11/21/2023	Joanne Shofner for Texans	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$25,000.00	638A N. University Drive #177	
Expenditure from corporate funds	Nacogdoches, TX 75961	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By 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	1	
Date	Payee name	
10/25/2023	KidZania	
Amount (\$)	Payee address; City; State; Zip Code	
\$404.48	2601 Preston Rd, Ste 3011	
,		
Expenditure from	Frican TV 75034	
corporate funds	Frisco, TX 75034	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Gifts	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	· ·	
Data	Davies same	
Date 11/27/2023	Payee name LaHood for HD 121	
Amount (\$)	Payee address; City; State; Zip Code	
\$25,000.00	4104 McCullough Ave.	
Expenditure from		
corporate funds	San Antonio, TX 78212	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
LAI LINDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
0 1. 6		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
- p		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 14/25 Rpt: 25/37	Family Empowerment Coalition PAC	00087777	
4 Date	5 Payee name		
10/27/2023	Lineck, Carolina		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le	
\$635.36	24 E Rivercrest Dr		
Expenditure from corporate funds	Houston, TX 77042		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Mileage Reimbursement for Board Meetings	
2 Complete ONLY if direct	Office source	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office soug	ht Office held	
Date	Payee name		
12/27/2023	Matt Shaheen Campaign		
Amount (\$)	Payee address; City; State; Zip Cod	e	
\$10,000.00	3917 Malton Dr.		
Expenditure from corporate funds	Plano, TX 75025		
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.	
E/11 E1191. C.1.	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense	
		Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held	
expenditure to benefit C/OI		III. Office field	
Data			
Date 09/01/2023	Payee name		
	Pecan Square Cafe		
Amount (\$)	Payee address; City; State; Zip Cod	e	
\$51.14	12008 West 6th St		
Expenditure from corporate funds	Austin, TX 78703		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.	
E/11 E1191. C.1.		Check if Austin, TX, officeholder living expense Meeting Food/Beverages	
		Meeting Food/Deverages	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held	
expenditure to benefit C/O	9	fil Office field	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/25 Rpt: 26/37	Family Empowerment Coalition PAC	00087777
4 Date	5 Payee name	
09/11/2023	Pecan Square Cafe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$20,104.45	12008 West 6th St	
, , , , , , , , , , , , , , , , , , ,		
Expenditure from corporate funds	Austin, TX 78703	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Food/Beverages
		weeting 1 ood/beverages
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		t Office field
Date	Payee name	
11/01/2023	Pecan Square Cafe	
Amount (\$)	Payee address; City; State; Zip Code	
\$239.77	12008 West 6th St	
Expenditure from corporate funds	Austin, TX 78703	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting Food/Beverages
		Modaling 1 ood/Develages
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	•	Cince neu
	İ	
Date	Payee name	
12/05/2023	Raconteur Media Company	
Amount (\$)	Payee address; City; State; Zip Code	
\$589.48	PO Box 26511	
Evpanditura from		
Expenditure from corporate funds	Austin, TX 78755	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Twitter Display, Email Setup
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	п 	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/25 Rpt: 27/37	Family Empowerment Coalition PAC	00087777
4 Date	5 Payee name	-
10/04/2023	Ranch 616	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$198.46	616 Nueces St	
Expenditure from corporate funds	Austin, TX 78701-2812	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Meeting Food/Beverages
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		t Office field
Data		
Date 07/05/2023	Payee name RightSide Compliance	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,880.00	PO Box 341027	
Expenditure from	A . (f) . TV 70704	
corporate funds	Austin, TX 78734	
PURPOSE OF	, , ,	Description Check if traval outside of Taxas, Complete Schedule I
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	H	
Date	Payee name	
08/04/2023	RightSide Compliance	
Amount (\$)	Payee address; City; State; Zip Code	
\$600.00	PO Box 341027	
- Evnonditure from		
Expenditure from corporate funds	Austin, TX 78734	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
LA LINDITORL		Check if Austin, TX, officeholder living expense
		Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		Cinio nou

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 17/25 Rpt: 28/37	Family Empowerment Coalition PAC 00087777				
4 Date	5 Payee name				
09/05/2023	RightSide Compliance				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$750.00	PO Box 341027				
Expenditure from corporate funds	Austin, TX 78734				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Consulting Expense				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Compliance Consulting				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/04/2023	RightSide Compliance				
Amount (\$)	Payee address; City; State; Zip Code				
\$750.00	PO Box 341027				
X Expenditure from corporate funds	Austin, TX 78734				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Compliance Consulting				
	Compliance Consulting				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
<u> </u>					
Date	Payee name				
11/03/2023	RightSide Compliance				
Amount (\$)	Payee address; City; State; Zip Code				
\$960.00	PO Box 341027				
X Expenditure from corporate funds	Austin, TX 78734				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Compliance Consulting				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experiorare to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse 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 Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	(above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	ission Filers)
Sch: 18/25 Rpt: 29/37		
4 Date	5 Payee name	
12/05/2023	RightSide Compliance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,080.00	PO Box 341027	
X Expenditure from corporate funds	Austin, TX 78734	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Compliance Consulting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	OH .	
Date	Payee name	
08/01/2023	Rio Consultants	
Amount (\$)	Payee address; City; State; Zip Code	
\$8,806.48		
Ψο,οσο	1002 East rayion	
Expenditure from corporate funds	Brownsville, TX 78520	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Public Affairs Consulting	
	Tublic Allalis Consulting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
		
Date	Payee name	
10/02/2023	Rio Consultants	
Amount (\$)	Payee address; City; State; Zip Code	
\$7,000.00	1002 East Taylor	
Expenditure from		
corporate funds	Brownsville, TX 78520	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Public Affairs Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to better 6/01	511 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 19/25 Rpt: 30/37	Family Empowerment Coalition PAC 00087777	
4 Date	5 Payee name	
10/30/2023	Rio Consultants	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$7,000.00	1002 East Taylor	
Expenditure from corporate funds	Brownsville, TX 78520	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Public Affairs Consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to belieff of of	<u>'</u>	
Date	Payee name	
11/26/2023	Rio Consultants	
Amount (\$)	Payee address; City; State; Zip Code	_
\$7,000.00	1002 East Taylor	
4.,000.00		
Expenditure from	Province illa TV 70500	
corporate funds	Brownsville, TX 78520	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Public Affairs Consulting	
	T abile / than 5 consulting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
•		_
Date	Payee name	
10/08/2023	Southwest Airlines	
Amount (\$)	Payee address; City; State; Zip Code	
\$708.95	P.O. Box 36647-1CR	
Expenditure from corporate funds	Dallas, TX 75235	
PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description X Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Travel Out of District Check if Austin, TX, officeholder living expense	
	Airfare for Travel to Board Meeting	
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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 20/25 Rpt: 31/37	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
10/08/2023	Southwest Airlines
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,118.01	P.O. Box 36647-1CR
Expenditure from	
corporate funds	Dallas, TX 75235
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Airfare for Travel to Board Meeting

9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/27/2023	Springhill Suites Austin NW
Amount (\$)	Payee address; City; State; Zip Code
\$314.84	13309 N US Hwy
Expenditure from corporate funds	Austin, TX 78750
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Lodging for Board Meeting
	Loaging for Board Weeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/27/2023	Stephanie Klick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 7592
Expenditure from corporate funds	Fort Worth, TX 76111
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 <u>ONLY</u> 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 Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/25 Rpt: 32/37	Family Empowerment Coalition PAC O0087777
4 Date	5 Payee name
12/27/2023	Steve Toth Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	67 Chestnut Meadow Dr.
Expenditure from corporate funds	Conroe, TX 77384
8 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.
	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
10/19/2023	Swedish Hill
Amount (¢)	Payee address; City; State; Zip Code
Amount (\$)	
\$460.84	1120 W 6th St
- Consorditure from	
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Cotagon: (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meeting Food/Beverages
	meeting 1 oour beverages
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2023	, and the second
12/11/2023	Texans for Stormy Bradley
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	P.O. Box 847
Expenditure from	Big Spring, TX 79720
corporate funds	
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.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 22/25 Rpt: 33/37	Family Empowerment Coalition PAC	00087777
4 Date	5 Payee name	
07/05/2023	The Gober Group, PLLC	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,154.00	PO Box 341016	
Expenditure from		
corporate funds	Austin, TX 78734	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legal Consulting Services
		3
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
07/20/2023	The Gober Group, PLLC	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1,500.00	PO Box 341016	
Expenditure from corporate funds	Austin, TX 78734	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legal Consulting Services
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
07/20/2023	The Gober Group, PLLC	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$3,280.00	PO Box 341016	
- "		
Expenditure from corporate funds	Austin, TX 78734	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Legal Consulting Services
Complete ONLY if direct	Candidate/Officeholder name Office sou	 aht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		agnit Onice neid

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Credit Card F dyment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 23/25 Rpt: 34/37	Family Empowerment Coalition PAC		00087777	
4 Date	5 Payee name		•	
08/02/2023	The Gober Group, PLLC			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$585.00	PO Box 341016			
Expenditure from corporate funds	Austin, TX 78734			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Legal Services	Check if trave	el outside of Texas. Com	
EXI ENDITORE		. —	in, TX, officeholder living	g expense
		Legai Const	ulting Services	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	7ld
expenditure to benefit C/O		ugni	Office fit	eiu
Date	Payee name			
09/05/2023	The Gober Group, PLLC			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$230.00	PO Box 341016			
X Expenditure from				
corporate funds	Austin, TX 78734			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Legal Services	ı —	el outside of Texas. Com in, TX, officeholder livinç	
		. —	ulting Services	,
			_	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office h	eld
expenditure to benefit C/O	H			
Date	Payee name			
11/06/2023	The Gober Group, PLLC			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$195.00	PO Box 341016			
X Expenditure from corporate funds	Austin, TX 78734			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Legal Services	l	el outside of Texas. Com	plete Schedule T.
EXPENDITURE	3	l —	in, TX, officeholder living	g expense
		Legal Consu	ulting Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office h	eld
3.50				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee L	egal Services	Salaries/\	Wages	s/Contract Labor		OTHER (enter	a category not listed above)	
oroun oura raymon		he Instruction Guide	e explains how to co	omple	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission File	rs)
Sch: 24/25 Rpt: 35/37	Family Empowerment Coalition PAC						00087777		
4 Date	5 Payee name								
12/05/2023	The Gober G	roup, PLLC							
6 Amount (\$)	7 Payee address	; City;	State; Zip Co	ode					
\$130.00	PO Box 3410	16							
X Expenditure from corporate funds	Austin, TX 78	3734							
8 PURPOSE	(a) Category (See	Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	Legal Service				Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
EXPENDITORE					\Box		officeholder livin	ig expense	
					Legal Consul	ting	g Services		
9 Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ught			Office h	eld	
expenditure to benefit C/OI	-								
Date	Payee name								
10/30/2023	WoodSpring	Suites							
Amount (\$)	Payee address	; City;	State; Zip Co	ode					
\$289.35	4911 S IH 35								
Expenditure from corporate funds	Austin, TX 78	3744							
PURPOSE				(h)	Description				
OF	Travel In Dist	Categories listed at the to	op of this schedule)	(5)	_ ·	outsi	de of Texas. Cor	nplete Schedule T.	
EXPENDITURE	Traver in Dist	HCt					officeholder livin		
					Lodging for B	oai	rd Meeting		
Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ught			Office h	eld	
expenditure to benefit C/O	4								
Date	Payee name								
11/13/2023	WoodSpring	Suites							
Amount (\$)	Payee address		State; Zip Co	ode					
\$163.80	4911 S IH 35		State, Zip Ct	oue					
φ103.60	4911 3 10 33								
Expenditure from									
corporate funds	Austin, TX 78	3744							
PURPOSE	(a) Category (See	Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	Travel In Dist	rict						nplete Schedule T.	
-					Lodging for B		officeholder livin	ig expense	
					Loughly IOI B	oal	ia weeling		
Complete ONLY if dive -	Candidate (Office	holder name	Office	lap+			Office !-	vold	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	епошег пате	Office sou	ugnt			Office h	leiu	
, , . ,									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
·	The Instruction Guide explains h	now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 25/25 Rpt: 36/37	Family Empowerment Coalition PAC		00087777
4 Date	5 Payee name		
11/16/2023	WoodSpring Suites		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$175.50	4911 S IH 35	,	
Expenditure from corporate funds	Austin, TX 78744		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Travel In District	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense Oard Meeting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name O	office sought	Office held

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 37/37
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Family Empower	ment Coalition PAC	00087777
4 Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee	
Southwest Airlin	es	
5 Contribution / Expe	enditure reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC
6 Dates of Travel	7 Name of person(s) traveling	
Suiss of Hure.	Wood, Janelle	
	8 Departure city or name of departure location	
10/16/2023	Phoenix	
	9 Destination city or name of destination location	
10/16/2023	Austin	
10 Means of transport	ation 11 Purpose of travel (including name of conference, seminar, or	other event)
Commercial Airp		·
Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee	
Southwest Airline		
	enditure reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC
Dates of Travel	Name of person(s) traveling Wood, Janelle	
10/17/2023	Departure city or name of departure location Austin	
	Destination city or name of destination location	
10/17/2023	Phoenix	
Means of transport	ation Purpose of travel (including name of conference, seminar, or	other event)
Commercial Airp	lane Airfare for Travel to Board Meeting	