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) 00084934 3 COMMITTEE NAME **OFFICE USE ONLY** Southlake Families PAC Date Received **ELECTRONICALLY FILED** 01/16/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 401 N. Carroll Ave. Date Hand-delivered or Date Postmarked Box 103 Change of Address Southlake, TX 76092 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Zachary NAME NICKNAME LAST **SUFFIX** Cate STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 N. Carroll Ave. STREET **ADDRESS** Box 103 (Residence or Business) Southlake, TX 76092 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1008 Aspen Ridge Drive MAILING **ADDRESS** Southlake, TX 76092 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (432) 413-1480 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 05/04/2024 χ 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)
Southlake Families P.	AC		00084934	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cam Bryan Carroll ISD Board	l of Trustees Pl	ace 4
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	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)	\$	7,075.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,119.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	137,863.31
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all infor under Title 15, Election Code.		
		Mr. Zac	chary Cate	
		Signature of Ca	ampaign Treasur	er
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPUSE						Page 3 of 22
2 COMMITTEE NAME	<u> </u>				13 Filer ID	(Ethics Commission Filers)
Southlake Families PA COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Renee Bottom	Carroll ISD Boa	00084934 ard of Trustees F	Place 5
(Attach lists on plain paper to complete this report if necessary.)	applicable, classify by party.)	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

			4 of 22	2			
17 COMMITTE Southlake	EE NAME Families PAC	18 Filer ID 00084934	(Ethics Commission Filers)				
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,075	.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 3,119).95			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/8 Rpt: 5/22		
2	FILER NAME Southlake Fa	amilies PAC		3	Filer ID (Ethics Commission 00084934	n Filers)
4	Date 11/07/2023			7	Amount of Contribution (\$)	\$200.00
_		Southlake, TX 76092				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Donovan, Scott Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
		Southlake, TX 76092 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#: Drennan, Clarence Alan Contributor address; City; State; Zip Code Grapevine, TX 76051			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/06/2023	Full name of contributor out-of-state PAC (ID#: Drennan, Clarence Alan Contributor address; City; State; Zip Code Grapevine, TX 76051			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: Drennan, Clarence Alan Contributor address; City; State; Zip Code Grapevine, TX 76051			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/8 Rpt: 6/22		
2	FILER NAME Southlake Fa	umilies PAC		3	Filer ID (Ethics Commission 00084934	n Filers)
4	Date 09/06/2023			7	Amount of Contribution (\$)	\$25.00
		Grapevine, TX 76051				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/06/2023 Drennan, Clarence Alan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Dringinal occu	Grapevine, TX 76051 pation / Job title (See Instructions)	Employer (See Instructions			
	retired	Jalion / Job title (See Instructions)	Employer (See instructions	')		
	Date Full name of contributor out-of-state PAC (ID#:) 07/06/2023 Drennan, Clarence Alan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Grapevine, TX 76051				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#:_Fox, Chad Contributor address; City; State; Zip Code Southlake, TX 76092)		Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions) n Management	Employer (See Instructions)		
	Date 11/05/2023	Full name of contributor out-of-state PAC (ID#:_Greene, Christina Contributor address; City; State; Zip Code Southlake, TX 76092			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1		
	The Instru	ction Guide explains how to complete t	1 Total pages Sch Sch: 3/8 Rpt: 7		
2	FILER NAME Southlake Fa	milies PAC		3 Filer ID (Ethics 00084934	s Commission Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 12/13/2023 Johnson, Tim 6 Contributor address; City; State; Zip Code		7 Amount of Conti	ribution (\$) \$25.00	
_		Southlake, TX 76092			
8	Principal occu Instructor	pation / Job title (See Instructions)	9 Employer (See Instructions	is)	
	Date Full name of contributor out-of-state PAC (ID#:) 09/08/2023 Meng, Rui Contributor address; City; State; Zip Code			Amount of Conti	sibution (\$) \$200.00
	Principal occu	Southlake, TX 76092 pation / Job title (See Instructions)	Employer (See Instructions	l ns)	
	Project Mana	ger			
	Date Full name of contributor out-of-state PAC (ID#:) 12/13/2023 Murnighan, Erin Contributor address; City; State; Zip Code		Amount of Conti	ribution (\$) \$100.00	
		Southlake, TX 76092			
	Principal occu Sales	oation / Job title (See Instructions)	Employer (See Instructions	us)	
	Date 08/08/2023	Full name of contributor out-of-state PAC Osorio, Federico Contributor address; City; State; Zip Code Southlake, TX 76092	C (ID#:)	Amount of Conti	ribution (\$) \$200.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	us)	
	Date 12/13/2023	Full name of contributor out-of-state PAC Patterson, Jessica Contributor address; City; State; Zip Code Southlake, TX 76092	C (ID#:)	Amount of Conti	ribution (\$) \$100.00
	Principal occu Flight attend	oation / Job title (See Instructions) ant	Employer (See Instructions	is)	
			•		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	1	Total pages Schedule A1: Sch: 4/8 Rpt: 8/22		
2	FILER NAME Southlake Fa	umilies PAC		3	Filer ID (Ethics Commission 00084934	n Filers)
4	Date 11/13/2023				Amount of Contribution (\$)	\$100.00
8	Principal occu	Southlake, TX 76092 pation / Job title (See Instructions)	9 Employer (See Instruction	ns)		
•	Flight attend		2 Employer (eee meadeach	10)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/13/2023 Patterson, Jessica Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Southlake, TX 76092 pation / Job title (See Instructions)	Employer (See Instruction	ns)		
Flight attendant						
	Date Full name of contributor out-of-state PAC (ID#:) 09/13/2023 Patterson, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Southlake, TX 76092				
	Principal occu Flight attend	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 08/13/2023	Full name of contributor out-of-state PAC Patterson, Jessica Contributor address; City; State; Zip Code Southlake, TX 76092	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Flight attend	oation / Job title (See Instructions) ant	Employer (See Instruction	ns)		
	Date 07/21/2023	Full name of contributor out-of-state PAC Patterson, Jessica Contributor address; City; State; Zip Code Southlake, TX 76092	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Flight attend	oation / Job title (See Instructions) ant	Employer (See Instruction	ns)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 5/8 Rpt: 9/22		
2	FILER NAME Southlake Fa	amilies PAC		3	Filer ID (Ethics Commission 00084934	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 12/25/2023 Rich, Brian 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
_	Discipal	Irving, TX 75038	D. Frankrick (Contraction	Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/25/2023 Rich, Brian Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Irving, TX 75038 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date Full name of contributor out-of-state PAC (ID#:) 10/25/2023 Rich, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		Irving, TX 75038				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/25/2023	Full name of contributor out-of-state PAC (ID#: Rich, Brian Contributor address; City; State; Zip Code Irving, TX 75038)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 08/25/2023	Full name of contributor out-of-state PAC (ID#: Rich, Brian Contributor address; City; State; Zip Code Irving, TX 75038			Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 6/8 Rpt: 10/22		
2	FILER NAME Southlake Fa	amilies PAC			3	Filer ID (Ethics Commission 00084934	n Filers)	
4	Date 07/25/2023			7	Amount of Contribution (\$)	\$500.00		
_		Irving, TX 75038	1-					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	;)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/26/2023 Stewart, Stephanie Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$100.00	
		Southlake, TX 76092						
	Principal occu AVP Tax	pation / Job title (See Instructions)		Employer (See Instructions	;)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/26/2023 Stewart, Stephanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
		Southlake, TX 76092						
	Principal occu AVP Tax	pation / Job title (See Instructions)		Employer (See Instructions	i)			
	Date 10/26/2023	Stewart, Stephanie				Amount of Contribution (\$)	\$100.00	
	Principal occu AVP Tax	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 09/26/2023	Stewart, Stephanie				Amount of Contribution (\$)	\$100.00	
	Principal occu AVP Tax	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
			'					

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 11/22	
2	FILER NAME Southlake Fa	amilies PAC	3	Filer ID (Ethics Commission 00084934	Filers)
4	Date 08/26/2023			Amount of Contribution (\$)	\$100.00
•	Dringing oggu	Southlake, TX 76092	Nover (See Instructions)		
8	AVP Tax	pation / Job title (See Instructions) 9 Emp	lloyer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/26/2023 Stewart, Stephanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Southlake, TX 76092 pation / Job title (See Instructions) Emp	loyer (See Instructions)		
	AVP Tax	pation 7 oob title (oce mattactions)	noyer (See mandenons)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/26/2023 Sundlov, David Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$200.00
		Southlake, TX 76092			
	Principal occu Pilot	pation / Job title (See Instructions) Emp	lloyer (See Instructions)		
	Date 11/26/2023	Full name of contributor out-of-state PAC (ID#: Sundlov, David Contributor address; City; State; Zip Code Southlake, TX 76092)	Amount of Contribution (\$)	\$200.00
	Principal occu Pilot	pation / Job title (See Instructions) Emp	lloyer (See Instructions)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$200.00
	Principal occu Pilot	pation / Job title (See Instructions) Emp	lloyer (See Instructions)		
		•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 8/8 Rpt: 12/22		
2	FILER NAME Southlake Families PAC				Filer ID (Ethics Commission 00084934	on Filers)
4	4 Date 09/26/2023		7	Amount of Contribution (\$)	\$200.00	
8	Principal occu	Southlake, TX 76092 spation / Job title (See Instructions)	9 Employer (See Instructions	 - s)		
	Date 08/26/2023	Full name of contributor out-of-state PAC (ID# Sundlov, David Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$200.00
	Principal occu	Southlake, TX 76092 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 07/26/2023	Full name of contributor out-of-state PAC (ID# Sundlov, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Southlake, TX 76092 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

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

Printing Expense Travel Out
Salaries/Wages/Contract Labor OTHER (e

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 co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 13/22		Southlake Families PAC		00084934
4	Date	5	Payee name		-
	12/01/2023		Mail and Copy Shoppe		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$61.70		400 N. Carroll Ave.		
	- "				
	Expenditure from corporate funds		Southlake, TX 76092		
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.
	LAI LINDITORE				Check if Austin, TX, officeholder living expense
					Mailing Expense
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	ıaht	Office held
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	agrit	Office field
	5.				
	Date		Payee name		
	12/04/2023	L	MailChimp		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$59.57		675 Ponce de Leon		
г	T Expenditure from				
L_	corporate funds		Atlanta, GA 30308		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Email/Mailing
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	11/03/2023		MailChimp		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$55.70		675 Ponce de Leon		
	Expenditure from corporate funds		Atlanta, GA 30308		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	(",	Solicitation/Fundraising Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Email/Mailing
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	Office held
	experience to belieff 6/01				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 14/22	Southlake Families PAC 00084934
4 Date	5 Payee name
10/03/2023	MailChimp
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$55.70	675 Ponce de Leon
- Evpanditura from	
Expenditure from corporate funds	Atlanta, GA 30308
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Check if Austin, TX, officeholder living expense Email/Mailing
	Littali/Mailing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Para a same
Date	Payee name
09/03/2023	MailChimp
Amount (\$)	Payee address; City; State; Zip Code
\$55.70	675 Ponce de Leon
Expenditure from	
corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
-	Check if Austin, TX, officeholder living expense Email/Mailing
	Littali/Mailing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-1-	
Date 08/03/2023	Payee name MailChimp
	MailChimp
Amount (\$)	Payee address; City; State; Zip Code
\$55.70	675 Ponce de Leon
Expenditure from	
corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Email/Mailing
	Email/waiiing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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 co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 3/10 Rpt: 15/22	Southlake Families PAC	00084934			
4 Date	5 Payee name				
07/03/2023	MailChimp				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$55.70	675 Ponce de Leon				
Expenditure from corporate funds	Atlanta, GA 30308				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Email/Mailing			
		_mai/maiing			
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Office held			
expenditure to benefit C/O		ight Office held			
Date	Payee name				
12/12/2023	MailChimp				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$0.99	675 Ponce de Leon				
Expenditure from corporate funds	Atlanta, GA 30308				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Email Endorsement			
		Lindii Lindoisement			
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht Office held			
expenditure to benefit C/O	· —				
		Dourd of Trustees			
Date	Payee name				
12/12/2023	MailChimp				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$0.99	675 Ponce de Leon				
— Foresanditure Cons					
Expenditure from corporate funds	Atlanta, GA 30308				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	5 1	Check if Austin, TX, officeholder living expense			
		Email Endorsement			
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held			
expenditure to benefit C/O	H Bottom, Renee Carroll IS	SD Board of Trustees			

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

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: 4/10 Rpt: 16/22	Southlake Families PAC 00084934
4 Date	5 Payee name
12/06/2023	Meadows Collier Reed Cousins Crouch & Ungerman, LLP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,390.90	901 Main Street
- "	Suite 3700
Expenditure from corporate funds	Dallas, TX 75202
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 Expense
	Legal Expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/01/2023	Revv LLC
Amount (\$)	Payee address; City; State; Zip Code
\$32.90	1920 L St. NW
Expenditure from corporate funds	Washington D.C., DC 20036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Donation Platform Expense
	Bonation Flationii Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/09/2023	Revv LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1.30	1920 L St. NW
Expenditure from corporate funds	Washington D.C., DC 20036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Check if Austin, TX, officeholder living expense Donation Platform Expense
	Donation Flationii Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 cor	mplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 5/10 Rpt: 17/22	Southlake Families PAC			00084934	
4 Date	5 Payee name		<u> </u>		
07/29/2023	Revv LLC				
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de			
\$37.20	1920 L St. NW				
Expenditure from corporate funds	Washington D.C., DC 20036				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription		
OF EXPENDITURE	Solicitation/Fundraising Expense	_	neck if travel outsic	le of Texas. Com	plete Schedule T.
EXPENDITORE			neck if Austin, TX,		expense
		Dona	ation Platforr	m Expense	
0 0 1 0 0 1 1 0 1 1 1 1				O.W. 1	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç H	ght		Office he	eld
Date	Payee name				
08/12/2023	Revv LLC				
Amount (\$)	Payee address; City; State; Zip Cod	de			
\$9.60	1920 L St. NW				
Expenditure from					
corporate funds	Washington D.C., DC 20036				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription		
OF EXPENDITURE	Solicitation/Fundraising Expense		neck if travel outsic		
			neck if Austin, TX, ation Platforr		expense
		Dono	ation i lation	п Ехрепос	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	eld .
expenditure to benefit C/O	•	9.1.		Omoo ne	, i
Date	Pausa mama				
08/19/2023	Payee name Revv LLC				
		-1-			
Amount (\$)	Payee address; City; State; Zip Coo	ae			
\$4.30	1920 L St. NW				
Expenditure from					
corporate funds	Washington D.C., DC 20036				
PURPOSE OF	1	(b) Descr			
EXPENDITURE	Solicitation/Fundraising Expense		neck if travel outsion neck if Austin, TX,		
			ation Platforr		
				•	
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght		Office he	eld
expenditure to benefit C/O	- 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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/10 Rpt: 18/22		Southlake F	amilies PAC						00084934		
4	Date	5	Payee name									
	09/03/2023		Revv LLC				_					
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$32.90		1920 L St. N	٧W								
	Expenditure from corporate funds		Washington	D.C., DC 20036								
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at the top	p of this sche	edule)	(b)	Description				
	EXPENDITURE		Solicitation/	Fundraising Expens	se			_		de of Texas. Comp		
								Donation Plat		officeholder living m Expense	evherige	
								2011ation 1 lat		Ехропос		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	<u>l</u> ıght			Office he	ld	
	expenditure to benefit C/O	-										
	Date		Payee name									
	09/09/2023		Revv LLC									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$1.30		1920 L St. N	W								
	Expenditure from corporate funds		Washington	D.C., DC 20036								
	PURPOSE	(a)	Category (Se	ee Categories listed at the top	p of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Solicitation/	Fundraising Expens	se			—		de of Texas. Comp		
								Donation Plat		officeholder living m Expense	expense	
								2011ation Flat	01	Expense		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	0	office sou	ight			Office he	ld	
	Date		Payee name									_
	09/16/2023		Revv LLC									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$12.60		1920 L St. N	W								
	Expenditure from corporate funds		Washington	D.C., DC 20036								
	PURPOSE	(a)	Category (Se	ee Categories listed at the top	p of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Solicitation/	Fundraising Expens	se			ш		de of Texas. Comp		
								Donation Plat		officeholder living m Expense	evherige	
								_ 5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ıght			Office he	ld	_
	expenditure to benefit C/O						-					
												_

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 7/10 Rpt: 19/22	2 FILER NAME Southlake Families PAC 3 Filer ID (Ethics Commission Filers) 00084934
4 Date 09/30/2023	5 Payee name Revv LLC
6 Amount (\$) \$32.90	7 Payee address; City; State; Zip Code 1920 L St. NW
Expenditure from corporate funds	Washington D.C., DC 20036
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Platform Expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 10/14/2023 Amount (\$)	Payee name Revv LLC Payee address; City; State; Zip Code
\$1.30	1920 L St. NW
Expenditure from corporate funds	Washington D.C., DC 20036
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Platform Expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date 10/21/2023	Payee name Revv LLC
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1920 L St. NW
Expenditure from corporate funds	Washington D.C., DC 20036
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Platform Expense
Complete ONLY 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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/10 Rpt: 20/22	Southlake Families PAC 00084934
4 Date	5 Payee name
10/28/2023	Revv LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.90	1920 L St. NW
Expenditure from corporate funds	Washington D.C., DC 20036
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Check if Austin, TX, officeholder living expense
	Donation Platform Expense
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/11/2023	Revv LLC
Amount (\$)	Payee address; City; State; Zip Code
\$13.90	1920 L St. NW
Expenditure from corporate funds	Washington D.C., DC 20036
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation Platform Expense
	Bollation Flationii Expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
11/18/2023	Revv LLC
Amount (\$)	Payee address; City; State; Zip Code
\$4.30	1920 L St. NW
Expenditure from corporate funds	Washington D.C., DC 20036
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation Platform Expense
	Bondaon Fladoni Expense
Complete <u>ONLY</u> 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 Loc
Fees Off
Food/Beverage Expense Pol
Gitt/Awards/Memorials Expense Pril
Lenal Services Sal

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: 9/10 Rpt: 21/22	Southlake Families PAC 00084934
4 Date	5 Payee name
12/02/2023	Revv LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.90	1920 L St. NW
Expenditure from corporate funds	Washington D.C., DC 20036
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation Platform Expense
	Bonation Flationii Expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nomo
12/09/2023	Payee name Revv LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1.30	1920 L St. NW
Expenditure from	
corporate funds	Washington D.C., DC 20036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Donation Platform Expense
2 1 2 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/16/2023	Revv LLC
Amount (\$)	Payee address; City; State; Zip Code
\$38.50	1920 L St. NW
Evpanditure from	
Expenditure from corporate funds	Washington D.C., DC 20036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Donation Platform Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services The Instruction Guide	ense Printing Expense Salaries/Wages/Contract L explains how to complete this fo	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/10 Rpt: 22/22	Southlake Families PAC		00084934
4	Date	5 Payee name		
	12/31/2023	Revv LLC		
6	Amount (\$)	7 Payee address; City;	State; Zip Code	
	\$32.90	1920 L St. NW		
	Expenditure from corporate funds	Washington D.C., DC 20036		
8	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Descript	ion
	OF EXPENDITURE	Solicitation/Fundraising Expens	se Check	if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		, ,	if Austin, TX, officeholder living expense
			Donatio	on Platform Expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held